RULES

OF

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES SOCIAL SERVICES DIVISION

CHAPTER 0250-7-13 ADOPTION PROCESS FORMS

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	Department of Children's Services in these matters,		
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0250-7-13-.01 PURPOSE, SCOPE AND FORMAT OF RULES.

- (1) These rules establish the mandatory forms promulgated by the Department of Children's Services pursuant to Executive Order #6, January 12, 1996 and Public Chapter 532 (1995), required: for use in obtaining medical social/histories of children being surrendered; for surrenders of children for adoption in Tennessee Courts or in another State or Territory or a foreign country or by an inmate of State or Federal correctional facility; for the use of parental consents to the adoption of children utilized in adoption petitions in Tennessee; for revocation of surrenders and parental consents; for vetoes of contact in the future by the adopted person with the surrendering person or others; for payment and fee disclosure requirements; for certification of social and legal counseling which may be requested by the surrendering or consenting parent or legal guardian; for consents for adoption by minors fourteen (14) years of age and by guardians ad litem of such minors and disabled adults; and for releases of information for updated medical information. These forms may be modified by the Department of Children's Services in these matters, pursuant to further Executive Orders or legislation.
- (2) The forms established by these rules are mandatory for use by the courts, the clerks, attorneys, prospective adoptive parents, state and private agencies and other persons or entities who may be involved in the adoption process; provided, however, that surrenders by a person residing in another

state or territory of the United States and in conformity with the laws of another state or territory shall be accepted in Tennessee.

- (3) These forms may be reproduced in any page length or type size or style for use by any persons or entities who may need to use them, but must contain, without alteration, the language which is contained in the forms, except where otherwise noted in these rules or on the form itself.
- (4) (a) Copies of the forms necessary for use in the adoption process may be obtained from the Clerks of Courts in Tennessee which have authority pursuant to T.C.A. § 36-1-111 to accept surrenders, from the local county office of the Department of Children's Services in these matters, the Regional Offices of the Department's Legal Staff, or the Central Office Adoption Services office in the Cordell Hull Building, 8th Floor, 436 6th Avenue North, Nashville, TN. 37243-1290, (615) 532-5637. Copies will also be supplied to licensed child-placing agencies in Tennessee.
 - (b) Copies of the entire set of forms may be obtained on diskette in Microsoft Word from the Central Office by submitting two (2) formatted disks to this address with a self-addressed, postage paid return envelope suitable for mailing diskettes, or by requesting full copies from the above address. A charge will be made for providing a full set of hard copies from the Central Office.

Authority: T.C.A. §§4-5-201, et seq., 36-1-101 et seq., Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.02 MEDICAL/SOCIAL HISTORY OF CHILD'S FAMILY FORM.

- (1) This form must be completed pursuant to T.C.A § 36-1-111(k)(1) under oath before the judge or other person authorized to conduct the surrender proceeding or at the judge's or person's direction, the clerk or an employee of the court or person conducting the surrender, prior to the execution of the surrender of a child or prior to the confirmation of the parental consent pursuant to T.C.A. § 36-1-117(g).
- (2) The completed form shall be kept in a separate file designated for the purpose of maintaining the form until it is forwarded to the court where the adoption petition is filed. The information contained in the form shall be confidential and shall not be disclosed to any other person without the written approval of the court; provided, however, a copy of the information with all identifying information deleted shall be furnished to the adoptive parent(s) or their attorney.
- (3) Form:

MEDICAL/SOCIAL HISTORY FOR CHILD AND CHILD'S FAMILY TENNESSEE CODE ANNOTATED, § 36-1-111(k)

This form must be completed under oath <u>prior</u> to execution of the surrender, or prior to confirmation of the parental consent. T.C.A. § 36-1-111(k).

When being completed by both the birth mother and birth father, a form is required to be completed by each parent.

When one birth parent is completing this form, information about the other birth parent should be completed when that parent is unavailable or refuses to complete the form for her/himself.

The legal parents or legal guardians who are not the birth parents of the child should complete information known to them about the birth parents.

This form shall be kept by the court in a separate file designated for that purpose until it is forwarded to the court when the adoption petition is filed. The Medical/Social History for Child and Child's Family shall be confidential and shall not be inspected by any person without the written approval of the court.

A copy of this form, with all identifying information deleted shall be given to the prospective adoptive parents or their attorney. T.C.A. § 36-111(k)(1).

NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

child

STATE OF TENNESSEE C COUNTY OF					_)	
Being duly sworn	according to law	affiant wo	ould state:			
The following information is to	rue and correct to	the best of	f my knowle	dge:		
PERSON COMPLETING TE () BIRTH () LEGAL MOTH () BIRTH () LEGAL FATHE	ER'S NAME: _ ER'S NAME: _					
GUARDIAN(S) NAME: ADDRESS:						
STREET/RURA HOME TELEPHONE NO BIRTH MOTHER'S RACE BIRTH FATHER'S RACE BIRTH MOTHER'S SOCIAI DRIVER'S LICEI	WORI N N L SECURITY #. NSE #	K TELEPH IATIONAI IATIONAI	IONE NO LITY LITY		ZIP	
BIRTH FATHER'S SOCIAL DRIVER'S LICEI	SECURITY #					
CHILD'S NAME		D.O.B	SEX _	RACE		
(To indicate race, p HI (Hispanic) or other (specif who is African American and	fy)		To indic	an), AI (American Inc cate a mixed racial he	lian), AS (Asian) eritage, write in 1	, CA (Caucasian), more than one code, for example
IF NATIVE AMERICAN HE TRIBE:					-	
THE PARENT IS REGISTER WITH THE ABOVE TRIBE. THE CHILD IS REGISTERE WITH THE ABOVE TRIBE	ED() ELIGIB					
MARRIAGES: (IF PARENT HAS BEEN MA	ARRIED, COMI	LETE TH	E FOLLOW	ING INFORMATIO	N)	
NAME OF SPOUSE (INCLUDE MAIDEN NAME)	DATE (CITY/ST WHERE OCCUR	MARRIAGE	COUNTY	OF LICENSE
DIVORCES: INCLUDE ANNULMENTS/	SEPARATIONS	/ANY TYI	PE DISSOLU	UTIONMENTS OF M	MARRIAGE)	
NAME OF SPOUSE	DATE AND OF DISSOLUT		Т	CITY/STATE OF DECREE	DIVORCE	COURT
IF MARRIAGE ENDED WIT	 THE DEATE	I OF A SP	OUSE PLE	 ASE COMPLETE TE	IE FOLLOWING	INFORMATION:
WII						
NAME OF SPOUSE		DAT	E OF	CITY/COUNTY	Y/STATE	
NAME OF SPOUSE		DAT DEA	E OF TH	CITY/COUNTY WHERE DEAT)
NAME OF SPOUSE						

BACKGROUND INFORMATION FOR		
	(NAME OF CHILD)	

INFORMATION	CHILD'S BIRTH MOTHER	CHILD'S BIRTH FATHER
FULL LEGAL NAME	CHILD D DIKTH MOTHER	OHLD O BIRTH MILLIA
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
PRESENT OCCUPATION:		
NAME/ADDRESS OF		
EMPLOYER		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HODDIEG INTEDEGTG		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH CAUSE OF		
DEATH		

BACKGROUND INFORMATION FOR		_
	(NAME OF CHILD)	

INFORMATION	BIRTH MOTHER'S MOTHER	BIRTH MOTHER'S FATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		

DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR _		
	(NAME OF CHILD)	

INFORMATION	BIRTH FATHER'S MOTHER	BIRTH FATHER'S FATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR _		
	(NAME OF CHILD)	

INFORMATION	BIRTH MOTHER'S MATERNAL	BIRTH MOTHER'S MATERNAL
	GRANDMOTHER	GRANDFATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR	
	(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S MATERNAL GRANDMOTHER	BIRTH FATHER'S MATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		

TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		
BACKGROUND INFORMATION FOR _		
	(NAME OF CHILD)	

INFORMATION	BIRTH MOTHER'S PATERNAL GRANDMOTHER	BIRTH MOTHER'S PATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR _	
	(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S PATERNAL GRANDMOTHER	BIRTH FATHER'S PATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS		

CITY/TOWN/STATE/ZIP DATE OF BIRTH RACE/ETHNICITY HAIR COLOR EYE COLOR SKIN COLOR WEIGHT HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE: BRANCH OF SERVICE
RACE/ETHNICITY HAIR COLOR EYE COLOR SKIN COLOR WEIGHT HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
HAIR COLOR EYE COLOR SKIN COLOR WEIGHT HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
EYE COLOR SKIN COLOR WEIGHT HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
SKIN COLOR WEIGHT HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
WEIGHT HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE:
TYPE EMPLOYMENT MILITARY SERVICE:
MILITARY SERVICE:
BRANCH OF SERVICE
YEARS SERVED
DATE OF DISCHARGE
TYPE OF DISCHARGE
RANK
SPECIAL CHARACTERISTICS
HOBBIES, INTERESTS
AND TALENTS
PERSONALITY
RELIGION
GENERAL HEALTH/HISTORY
IF DECEASED CAUSE OF
DEATH
AWARE OF PLAN FOR YES NO YES NO
ADOPTIVE PLACEMENT

BACKGROUND INFORMATION FOR _	
	(NAME OF CHILD)

BIRTH MOTHER'S SIBLINGS

FULL LEGAL NAME	
RELATIONSHIP	
ADDRESS	
STREET/RR/P.O. BOX	
CITY/TOWN/STATE/ZIP	
DATE OF BIRTH	
RACE/ETHNICITY	
HAIR COLOR	
EYE COLOR	
SKIN COLOR	
WEIGHT	
HEIGHT	
EDUCATION (HIGHEST	
GRADE COMPLETED,	
VOCATIONAL/ASSOC.	
COLLEGE DEGREES)	
TYPE EMPLOYMENT	
MILITARY SERVICE:	
BRANCH OF SERVICE	
YEARS SERVED	
DATE OF DISCHARGE	
TYPE OF DISCHARGE	
RANK	
SPECIAL CHARACTERISTICS	

HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY	+	
IF DECEASED CAUSE OF		
DEATH CROSE OF		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT	TES NO	TES NO
ABOT ITVETE/ACEMENT		
BACKGROUND INFORMATION FOR _		
Brekokoend in okuminon iok_	(NAME OF CHILD)	-
	(IWENE OF CHIED)	
BIRTH FATHER'S SIBLINGS		
FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
	+	
HAIR COLOR EYE COLOR	-	
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HODDIEC INTEDECTO		
HOBBIES, INTERESTS		
AND TALENTS PERSONALITY	_	
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH	VEG NO	VEG NO
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		
D. Grand of the Different For		
BACKGROUND INFORMATION FOR _		-
	(NAME OF CHILD)	
OTHER CHILDREN BORN TO THE B	IDTH MOTHED	
OTHER CHILDREN BORN TO THE B	IKIH MOTHEK	
EILL LECAL NAME		<u> </u>
FULL LEGAL NAME	+	
RELATIONSHIP	+	
ADDRESS STREET/RR/RO ROY		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP	+	+
DATE OF BIRTH	+	
RACE/ETHNICITY	Í	

HAIR COLOR EYE COLOR SKIN COLOR WEIGHT HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR ADOPTIVE PLACEMENT			
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WEIGHT HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES_NO_YES_NO_	EYE COLOR		
HEIGHT EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO	SKIN COLOR		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO	WEIGHT		
GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO	HEIGHT		
VOCATIONAL/ASSOC. COLLEGE DEGREES) TYPE EMPLOYMENT	EDUCATION (HIGHEST		
COLLEGE DEGREES) TYPE EMPLOYMENT MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO	GRADE COMPLETED,		
TYPE EMPLOYMENT MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO			
MILITARY SERVICE: BRANCH OF SERVICE YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO	COLLEGE DEGREES)		
BRANCH OF SERVICE YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO	TYPE EMPLOYMENT		
YEARS SERVED DATE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO	MILITARY SERVICE:		
DATE OF DISCHARGE TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO	BRANCH OF SERVICE		
TYPE OF DISCHARGE RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO	YEARS SERVED		
RANK SPECIAL CHARACTERISTICS HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO	DATE OF DISCHARGE		
HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO	TYPE OF DISCHARGE		
HOBBIES, INTERESTS AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO	RANK		
AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO	SPECIAL CHARACTERISTICS		
AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO			
AND TALENTS PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO			
PERSONALITY RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO YES NO			
RELIGION GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH YES NO AWARE OF PLAN FOR YES NO	1 17		
GENERAL HEALTH/HISTORY IF DECEASED CAUSE OF DEATH AWARE OF PLAN FOR YES NO YES NO	PERSONALITY		
IF DECEASED CAUSE OF DEATH	RELIGION		
DEATH YES NO YES NO	GENERAL HEALTH/HISTORY		
AWARE OF PLAN FOR YES NO YES NO			
ADOPTIVE PLACEMENT		YES NO	YES NO
	ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR _	
	(NAME OF CHILD)

OTHER CHILDREN BORN TO THE BIRTH FATHER

FULL LEGAL NAME	
RELATIONSHIP	
ADDRESS	
STREET/RR/P.O. BOX	
CITY/TOWN/STATE/ZIP	
DATE OF BIRTH	
RACE/ETHNICITY	
HAIR COLOR	
EYE COLOR	
SKIN COLOR	
WEIGHT	
HEIGHT	
EDUCATION (HIGHEST	
GRADE COMPLETED,	
VOCATIONAL/ASSOC.	
COLLEGE DEGREES)	
TYPE EMPLOYMENT	
MILITARY SERVICE:	
BRANCH OF SERVICE	
YEARS SERVED	
DATE OF DISCHARGE	
TYPE OF DISCHARGE	
RANK	
SPECIAL CHARACTERISTICS	
HOBBIES, INTERESTS	
AND TALENTS	
PERSONALITY	
RELIGION	
GENERAL HEALTH/HISTORY	

IF DECEASED CAUSE OF					
AWARE OF PLAN FOR	YES NO _		VEC	NO	-
ADOPTIVE PLACEMENT	YES NO _		TES	NO	
USE ADDITIONAL PAGES, IF NEEDED,	TO DESCRIBE OTH	ED CHILDDEN BODN	TO THE RID	TH MOTHER OF RIPTH EAT	LUED
USE ADDITIONAL LAGES, IL NEEDED,	TO DESCRIBE OTTI	ER CHILDREN BORN	10 THE BIK	III MOTHER OR BIRTH PA	IILK
PRENATAL HISTORY:					
MONTH PRENATAL CARE BEGAN					
DURING THIS PREGNANCY DID YOU					
 TAKE ANY MEDICATIONS 	? Yes () No ()				
 EXPERIENCE PHYSICAL CO 		` ' ' '			
 HAVE ANY X-RAY, ELECT 			SURE? Yes () No ()	
IF YES TO ANY OF THE AB	OVE, PLEASE EXPL	AIN:			
DID YOU HAVE ANY OF THE FOLLOWI	NG DURING THIS P	REGNANCY?			
		DATE			
 VENEREAL DISEASE 	Yes () No ()	DATE			
VIRUS TYPE	Yes () No ()	DATE			
INFECTIONS TYPE	Yes ()	No () DATE			
Yes () No () WERE YOU SEXUALLY OR PHYSICALL IF YES TO EITHER OF THESE QUESTIO			` '	` '	
DELIVERY HISTORY: DURATION OF LABOR					
TYPE OF DELIVERY					
WERE THERE OTHER PREGNANCIES O IF YES, PLEASE DESCRIBE THE PREGN ETC.)	F THE BIRTH MOTH		DED (ABOR	TION, STILL BIRTH, MISCA	RRIAGES,
MEDICAL HISTORY FOR	FATHER ()				
NAME OF CHILD:					

PLEASE INDICATE BY A CHECK MARK (X) IF \underline{YOU} OR ANY BIRTH RELATIVE LISTED ON PAGES 3 THROUGH 13 HAVE EVER BEEN DIAGNOSED WITH THE FOLLOWING MEDICAL PROBLEMS. EXPLAIN IN THE "COMMENTS" SECTION THE SPECIFICS OF THE ILLNESS, THE SEVERITY OF THE ILLNESS, AGE AT ONSET OF ILLNESS, TYPE OF TREATMENT AND OUTCOME.

MEDICAL CONDITION	SELF		YES - OTHER RELATIVE	COMMENTS	
	YES	NO	(SPECIFY)		
ACQUIRED IMMUNE DEFICIENCY SYNDROME					
(AIDS)					
ALCOHOLISM					
ALLERGIES					
ARTHRITIS					
BONE DISEASE					

	1 1	1		
CANCER				
CEREBRAL PALSY				
CLEFT PALATE				
CONGENITAL DEFECTS				
CORONARY (HEART) PROBLEMS				
CYSTIC FIBROSIS				
DEAFNESS				
MEDICAL	CIE		VEC OFFED	COMPANIES
MEDICAL CONDITION	YES	NO NO	YES - OTHER RELATIVE (SPECIFY)	COMMENTS
DIABETES	TES	110	(SIZON I)	
EAR INFECTIONS				
ECZEMA				
EPILEPSY/				
SEIZURES				
GONORRHEA/ SYPHILIS				
HAY FEVER/ ASTHMA				
HEARING PROBLEMS				
HEART PROBLEMS				
HEMOPHILIA				
HERPES				
HODGKIN'S				
HORMONE DISORDER				
HYPERTENSION				
KIDNEY DISEASE				
MENTAL ILLNESS				
MENTAL RETARDATION			·	
MIGRAINES				
MULTIPLE SCLEROSIS				
MUSCULAR DYSTROPHY				
NARCOTIC ADDICTION				

MEDICAL	SELF		YES - OTHER	COMMENTS		
CONDITION			RELATIVE			
	YES	NO	(SPECIFY)			
OTHER PARALYSIS						
OTHER MEDICAL						
CONDITION:						
(SPECIFY)						
OTHER SUBSTANCE						
ABUSE						
RESPIRATORY DISEASE						
SPEECH PROBLEMS						
SICKLE-CELL ANEMIA						
STROKE						
VISUAL PROBLEMS		•				

SUBSTANCE USE HISTORY - BIRTH MOTHER

TOBACCO: DO YOU SMOKE? YES () NO () IF YES, DESCRIBE HOW MUCH YOU SMOKE: DID YOU SMOKE DURING THIS PREGNANCY? YES () NO () IF YES, FREQUENCY OF HABIT:
ALCOHOL: DO YOU DRINK ALCOHOL? YES () NO () DID YOU DRINK DURING THIS PREGNANCY? YES () NO () IF YES TO EITHER QUESTION, DESCRIBE YOUR DRINKING HABITS, (I.E. FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE)
DRUGS: HAVE YOU EVER USED DRUGS? YES () NO () IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USED, FREQUENCY OF USE, HISTORY OF DRUG USE INCLUDING EXPERIMENTAL USE).
DID YOU USE DRUGS DURING THIS PREGNANCY? YES () NO () IF YES, DESCRIBE YOUR DRUG USE (INCLUDING PRESCRIPTION DRUGS) TYPE OF DRUG, FREQUENCY OF USE AND WHEN THE DRUG WAS USED.
SUBSTANCE USE HISTORY - BIRTH FATHER
ALCOHOL: DO YOU DRINK ALCOHOL? YES () NO () IF YES, DESCRIBE YOUR DRINKING HABITS, (I.E., FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE).
DRUGS: HAVE YOU EVER USED DRUGS? YES () NO () IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USE, FREQUENCY OF USE, HISTORY OF DRUG USE) DESCRIBE SPECIFIC DRUGS AND TIME FRAMES OF YOUR USE OF EACH DRUG. (INCLUDE EXPERIMENTAL USE.)

(Rule 0250-7-1302, continued)
PSYCHIATRIC HISTORY: BIRTH MOTHER () BIRTH FATHER () HAVE YOU EVER RECEIVED PSYCHOLOGICAL OR PSYCHIATRIC TREATMENT? YES () NO () HAVE YOU EVER TAKEN PSYCHIATRIC MEDICATION? YES () NO () IF YES TO EITHER QUESTION, DESCRIBE TREATMENT ISSUES, DIAGNOSIS, LENGTH OF TREATMENT AND LIST MEDICATIONS USED DURING TREATMENT:
OTHER INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOURSELF, YOUR SOCIAL/MEDICAL HISTORY, YOUR BIRTH RELATIVES OR ABOUT THE CIRCUMSTANCES IMPACTING YOUR DECISION TO PLACE YOUR CHILD FOR ADOPTION.
(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SHEETS.)
Birth/Legal Mother:
Birth/Legal Father:
Legal Guardian(s):
FURTHER AFFIANT SAITH NOT.
This day of, 20
Signature: Parent or Legal Guardian
Sworn to and subscribed before me this day of, 20

November, 2001 (Revised)

NOTARY PUBLIC

(Rule 0250-7-1302, continued)			
My Commission Expires:	-		
OR			
		ChancellorCircuit JudgeJuvenile Co Warden or Judge orClerk of Court of another State; or U.S. Foreign Serv Officers of The United States Armed Forces Authorized to Administer Oaths	Record In
	Signature:		
When this form is being completed by DCS staff completing the form should sign and date the form.	for pre-placement in	nformation purposes, and not as a part of the	surrender process, the perso
Signature: Cou	unty:	Date:	

Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

Authority: T.C.A. §§4-5-201, et seq., 36-1-111(k) and 36-117(g), Public Chapter 532 (1995), and Executive

0250-7-13-.03 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A TENNESSEE LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, IN A TENNESSEE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of a child for adoption in a Tennessee court to a Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services in these matters, (TDCS). Parts I, II, and III must be completed at the time of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or LCPA. Copies of Part III should be given to the person executing the surrender and sent directly to the Department's Central Office by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

FORMS FOR SURRENDER IN TENNESSEE OF A CHILD TO
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR
A LICENSED CHILD-PLACING AGENCY
BY A PARENT OR GUARDIAN IN TENNESSEE

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

CO	UNT	Y OF)		
Bei	ng dul	ly swo	rn according to	law, affiant would state:		
1.	I an	n·				
1.	a.		her:		(Date of Birth)	, or
	b.	Fath	ner:		(Date of Birth)	, or
	c.	Lega	al Guardian:		(Date of Birth)	, of:
2.	a.	Chil	ld's Name			
	b.	Chil	d's Date of Bir	th		
	c. d.	Chil	ld's Place of Bi	irth		
	e.					
3.	Thi			edlock		
4.	Stat	te the r	names and relati	ionships of any other legal	/biological parent, legal guardian or possible	hiological parent for this child
т.	Stat	ic the i	iames and relati	ionships of any other legal	biological parent, legal guardian of possible	biological parent for this enne
	a.		Name:			_
		(2)	Relationship	to the child:		-
		(4)	City, State Z	in		_
		(5)	Telephone Nu	ımber: Home:	Work:	- -
		(6)	•	· ·	ng the above identified other legal or biologica	1 00
						and
	b.	(1)	Name:			
		(2)	Relationship	to the child:		
		(3)	Address			_
		(4) (5)	City, State Z	ip	Work:	_
		(6)	Other identify	ring information concerning	ng the above identified other legal or biologica	- al parent or legal guardian.
						and
	c.	(1)	Name:			
	c.					
		(3)	Address			
		(4)	City, State Z	ip		_
		(5) (6)	Other identify	imber: Home:	Work: ng the above identified other legal or parent/le	- oal ouardian
		(0)	•	· ·		0 0
5.			ity is unknown f			
	a. b.		al parent logical parent	Yes □ No □ Yes □ No □		
	c.		al guardian	Yes □ No □		
	d.		applicable	Yes \square No \square		
6.	The	where	ahouts is unkn	own for the other:		
<i>J</i> .	a.		al parent	Yes No		
	b.	Biol	logical parent	Yes □ No □		
	c.	Leg	al guardian	Yes □ No □		

	d.	N	ot applicable	Yes □ No □					
7.	par	ent/l	egal guardian has be					ncerning the above-named leven's Services or the Licens	
8.	Info	orma	tion Concerning Chi	ld's Native American Herit	age:				
	a.		re you or the child of no, go to # 9.	Native American heritage?	Yes □	No 🗖			
	b. c.	If		for tribal membership? Yes ibe	s □ No □				
	d. e.	A: If	re you registered with yes, give name of tri	h a Native American tribe? be.	Yes 🗖	No 🗖			
	f. g.	If	yes, give name of tr		Yes 🗖	No 🗖			
	h. i.	If	yes, give name of tr			Yes 🗖	No 🗖		
	j.		nis information is unl		Yes 🗖	No 🗖			
9.	a.		Yes □	No If no, go to #10	•	or adoption	n?		
	b. c.		yes, name of state or	nnessee law will govern the	interpretation of	this surron			
10.	Have the Yes	ve yo abov s 🗖 o, go	ou been paid, receive ve-named child or pla	d or been promised any monacement of this child for add	ney or other remu			n connection with the birth o	of
			Amount				Date	Type	
			Paid	To Whom	By Whom		Received/Paid	Service/Cost	
11.	a.	_	· ·	real or personal property?		If yes, p	lease describe the	e property owned and give t	he property
	b.	If, y		ild will become possessed or operty, who currently owns				es No der which the child become	s owner and give
12.	a.	D	Only physical cu	: dy of the child? Yes stody of the child? Yes nysical custody of the child	J No □	П			
	b.		another person(s) ho	lds legal custody of the chil	d at this time, giv	e the follow		:: 	

		Relationship, if any, to you or the child:Address:
		(Street RR PO Box) (Town/City) (State) (Zip)
	c.	Telephone Number (Home) (Work) If another person(s) holds physical custody of the child at this time, give the following information: Name:
		Relationship, if any, to you or the child:
		Address:(Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work)
	d. e.	Is the person(s) who holds custody the prospective adoptive parent? Yes
	f.	Town/City: State: Zip: Do you intend to give custody to the licensed child placing agency or the Tennessee Department of Children's Services? Yes \bigsilon \text{No} \bigsilon
	g.	Explain any other circumstances regarding the custody status of this child:
13	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes No
	b. с.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social work concerning the decision to place this child for adoption? Yes \square No \square Has such counseling been made available to you? Yes \square No \square
14.		Do you desire to be represented by legal counsel at this surrender proceeding? Yes \(\bar{\cup} \) No \(\bar{\cup} \) If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \(\bar{\cup} \) No \(\bar{\cup} \)
	c.	Has such counseling been made available to you? Yes □ No □
15. 16.	chile beco	ou understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will be terminated and t
	b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr)
		the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr)
	c.	Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tenness Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, \underline{if} you currently ha custody of the child, \underline{unless} the court finds that to do so will likely result in immediate harm to the health and safety of the child and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in the proceeding? Yes \square No \square
17.		wing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above de child so that the child may be placed for adoption and adopted by other persons? Yes \square No \square
FUF	RTHE	R, AFFIANT SAITH NOT.
This	s the _	day of 20
Sign	ature	Biological Legal Father
		Legal Guardian of
		Name of Child
Swo	rn to	and subscribed before me this the day of 20

(Rule 0250-7-13-.03, continued) Please Print: __Chancellor, __Circuit Judge, or __Juvenile Court Judge _____ County, Tennessee Signature: Chancellor, Circuit Judge, or Juvenile Court Judge PART II SURRENDER BY PARENT OR GUARDIAN TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A LICENSED CHILD-PLACING AGENCY AND ACCEPTANCE OF THE SURRENDER BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR LICENSED CHILD-PLACING AGENCY STATE OF TENNESSEE COUNTY OF __ Being duly sworn according to law, affiant would state: 1. I am: Father: ______, or Legal Guardian: ______ of: b. Child's Place of Birth:_____ c. Child's Sex:_____ e. Child's Race:__ I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by ___ Child-Placing Agency, or ___ by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO ____ (CHILD'S NAME) TO: Licensed Child-Placing Agency____ _ (Name of LCPA) __Tennessee Department of Children's Services (Please check if applicable.) FURTHER AFFIANT SAITH NOT. This the ____ day of ______, 20____. Biological__, Legal__ Mother _____ Signature: Biological__, Legal__ Father _____ Legal Guardian ____ Sworn to and subscribed before me this the _____ day of ________, 20__.

__Chancellor,__Circuit Judge,__ or Juvenile Court Judge
of _____County, Tennessee

Please Print:__

*Se	e Note Below Before Signing Signature: Chancellor, Circuit or Juvenile Court Judge
NO'	TES TO THE COURT:
1.	Please see T.C.A. 36-1-110 and 36-1-111(b), (c), (d), and (e) for capacity to execute and receive surrenders and requirements for validity.
2.	A separate medical/social history form for the child and the child's parent(s) and biological relatives must be completed under oath <u>prior</u> to execution of the surrender. T. C. A. § 36-1-111(k).
3.	When applicable, as noted above, all provisions of Section B. must be completed as directed prior to acceptance of the surrender and before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Department of Children's Services. T.C.A. 36-1-111(n).
4.	The surrender itself is not sufficient to vest custodial or guardianship authority with the Licensed Child-Placing Agency or the Department of Children's Services. T.C.A. 36-1-111(r)(2). Upon satisfactory completion of the above necessary requirements in Section B. and execution of the Pre-Surrender Form in Part I and Section A. of Part II by the parent or legal guardian, the Court shall enter an Order of Full or Partial Guardianship for the Licensed Child-Placing Agency or the Tennessee Department of Children's Services. T.C.A. 36-1-111 (r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. § 36-1-111(u).
NO'	TES TO THE CLERK:
1.	Certified copies of Parts I and II must be given to the person(s) executing the surrender and to the Licensed Child Placing Agency or the county office of Tennessee Department of Children's Services. Costs of the copies may be taxed to the LCPA or the Department. Certify these copies on the page following Part II. T.C.A § 36-1-111(p).
2.	The originals of Parts I and II shall be entered on a special docket for Surrenders and shall be styled "In Re:
	"(Child's Name) and shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T. C. A. 36-1-111(p).
3.	Within five (5) days of the execution of the surrender, a certified copy of Parts I, II and III shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services, 436 6 th Avenue North, Nashville, TN 37243-1290. T.C.A. 36-1-111(p)(1), (2) and (4). Please provide certifications for these on the pages following Parts II and III.
	PART II
В.	ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY OR TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
CTP /	TE OF
CO	ATE OF) UNTY OF)
Beir	ng duly sworn according to law, affiant would state:
1.	I,, an authorized representative of:
	a. Licensed Child-Placing Agency; or the bCounty Tennessee Department of Children's Services accept the surrender of:
	b County Tennessee Department of Children's Services accept the surrender of: c. Name of Child DATE:
	Please Print:
	Name and Title of Authorized Representative
	Signature: Signature of Authorized Representative
	Signature of Authorized Representative
SUI MU	SSECTIONS 2a2d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THESE SUBSECTIONS <u>ST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:
2.	Icertify on behalf of:
	Licensed Child-Placing Agency (Name of Agency); or the

Tennessee Department of Children's Services:	
 a That my agency has physical custody of this child; or b That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to reconsurrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parentees the presented to the court at this time; or 	arent or guardian to that
c My agency has the right to receive physical custody of the child upon his or her release from a hospital or her affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the companion of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the companion of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6).	
 d That another person or agency has physical custody of the child. The affidavit of that person or agency (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursu been presented to this court at this time. 	required by § 36-1-111
SUBSECTIONS 3. AND 4. \underline{MUST} BE ANSWERED "YES" OR \underline{MUST} BE MARKED "NOT APPLICABLE" BEFO SURRENDER IS COMPLETED BY THE COURT.	RE THE
3. Yes ☐ No ☐ That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. ☐ Not Applicable	
4. Yes ☐ No ☐ (Licensed Child-Placing Agency Only) I have presented to the court a copy of the Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for foster care. If the ICPC Form 100A is not available, explain why this is not required.	adoption or
□ Not Applicable	
FURTHER AFFIANT SAITH NOT.	
This day of, 20	
Signature: Authorized Representative of Licensed C the Tennessee Department of Children's S	
Sworn to and subscribed before me this the day of, 20	
Please Print: Chancellor, Circuit or Juvenile Co	
	-
of	-
Signature:Chancellor, Circuit or Juvenile Court	Judge
CERTIFICATION	
I,, Clerk of the	
Court for County, Tennessee hereby certify the foregoing copies of Parts I Forms to be true and accurate copies of the documents filed with the court.	and II of the Surrender
Clerk of the	
	County, Tennessee
	(Seal)
PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	
STATE OF	

November, 2001 (Revised)

Being duly sworn according to law affiant would state	Being	g duly sworn	according to	law affiant	would state	:
---	-------	--------------	--------------	-------------	-------------	---

١.	I ar	m:	
	a.	Mother:	,(
	b.	Father:	, 0
	c.		
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6TH AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural Route/P. O. Box)		
(Town/City)	(State)	(Zip Code)	
(Home Telephone No.)	(Work Telephone No.)		
Is this address an address the department may use Yes □ No □ If no, please share address to be		wishes regarding con	
(Street/Rural Route/P. O. Box)	(Town/City)	(State)	
,	•		

		(Zip Code) (We	ork Telephone)	(Home Telephon	e)
	c.		person requesting contact made share the address to be used:		
		(Street/Rural Route/P. O. I	Box)	(Town/City)	(State)
		(Zip Code) (We	ork Telephone)	(Home Telephon	e)
	d.	If no, may the listed telepho			□ NO □. cact? YES □ NO □. If no, please list telephone
		(Work Telephone No.)	(Home Te	elephone No.)	
8.	a.			other classes of eligible person ost adoption record to have co	ons, who may, as may be permitted by law, to have ntact with me. \Box
	b.	and the spouses of those p exclude persons in those cl by the department, pursual	persons so that they cannot be lasses from this automatic cov	e contacted by a person eligible verage so that they will have to register a contact vill have vil	to your siblings, lineal descendants, lineal ancestors, be to have the records opened. You may, however, o register a contact veto themselves or, upon location veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please
	c.	 My siblings: Yes My lineal descendant My lineal ancestors: The spouses of: 	Yes □ No □ s □ No □ unts Yes □ No □	lowing:	
Ple	ase co	mplete the following for any	known individuals:		
		Name	Relations Surrenderin		Address Street. RR, P. O. Box, Town, State, Zip
	d.	I wish to veto contact with: (1) Any future siblings o (2) A current spouse (3) Future spouse of min (4) Any of my lineal des	f the adopted person. Yes No No te Yes No No	Yes No No Name of current spouse	
Ple	ase co	mplete the following for any	known individuals:		
		Name	Relations Surrenderii		Address Street. RR, P. O. Box, Town, State, Zip
0		Tains and 46 d 12	11		
9.	a.				of eligible persons who, as may be permitted by rd to have contact with me.

	b.	I wish to limit consent to certain persons and only give consent for contact with the following classes of people:	
		(1) The adopted person Yes □ No □	
		(2) The adopted person's adoptive parents Yes ☐ No ☐	
		(3) The adopted person's adoptive siblings Yes ☐ No ☐	
		 (4) The adopted person's lineal descendants Yes □ No □ (5) The legal representatives of any of these persons Yes □ No □ 	
	c.	If contact is limited to the legal representative of certain classes of persons, please describe:	
10.		sh the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or	
		frications to these methods of contact) phone	
	Lett		
	Pers	onal contact, unannounced 🗖	
	Pers	onal contact, prearranged with me , either via phone or correspondence or contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact	
	1 018	ona contact through about person. Thease give hame, relationship to you, if any, and information to be released regarding now to contact	ι.
			_
			-
11.		er information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to ided)	be
			_
10	C1		
12.		ald you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your, please share that information here:	our
			_
10	7.1		,
13.	Serv	eby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Childre ices	n s
CITE	тис	R, AFFIANT SAITH NOT.	
This	the _	day of, 20	
Sign	atur	: Biological LegalMother	
		BiologicalLegalFather	
		Legal Guardian	
Swo	rn to	and subscribed to before me this day of, 20	
		Please Print:	
		Chancellor,Circuit Judge,Juvenile Court Judge of	
		County, Tennessee	
		Signature:	
		Chancellor, Circuit Judge, Juvenile Court Judge	
		CERTIFICATION	
Corr	ntv. T	I,, Clerk of the Court of court of ennessee, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this	
Cou	•	concessed, certary the foregoing copy of rart informe Surrender Forms to be a true and accurate copy of the document executed before this	

Clerk of the	Court of
	County, Tennessee
	(Seal)

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

		OF TENNESSEE Y OF	
Bei	ng dul	ly sworn according to law affiant would state:	
1.	I an	n:	
	a.	Mother:	, or
	b.	Father:	
	c.	Legal Guardian:	
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
3.	On	(Date), I executed a surr	render of my parental or guardianship rights to the child named in #2 to:
	a.	Prospective Adoptive Parent(s)	
	b.	Licensed Child-Placing Agency	
	c.	Tennessee Department of Children's Services	·
4.	The	surrender was executed before:	
			(Name of Judge and Name of Court)
5.	I he	reby revoke and void the surrender of the above-named ch	ild
	1 110	redy revoke and void the surrender of the above named en	
FU	RTHE	ER AFFIANT SAITH NOT.	
Гhі	s the	day of, 20	
		•	
Sig	nature	:: Biological Legal Mother	
		Biological Legal Father	
		Legal Guardian:	
Sw	orn to	and subscribed before me this day of	, 20
Γhi	s Rev	ocation of Surrender was received by me on the da	y of, 20
		Please Print:	
		Trease Time.	Chancellor,Circuit Judge, orJuvenile Court Judge
			of County, Tennessee
		Signature (See notes below):	Chancellor,Circuit Judge, orJuvenile Court Judge
			Chancehor,Circuit Judge, orJuvenile Court Judge

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).

(Seal)

(Rule 0250-7-13-.03, continued)

- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I,	. Clerk of the	Court of	
County, Tennessee, certify the foregoing before this Court.	g copy of the Revocation of Surrender to be	a true and accurate copy of the Revo	ocation of Surrender executed
		Clerk of the	Court ofCounty, Tennessee

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125(a), 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.04 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS IN A TENNESSEE COURT.

(1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of a child for adoption in a Tennessee court directly to prospective adoptive parents. Parts I, II, and III must be completed at the time of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.

- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

FORMS FOR SURRENDER OF CHILD IN TENNESSEE DIRECTLY TO ADOPTIVE PARENTS BY A PARENT OR GUARDIAN

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

ST	ATE	OF)		
CO	UNT	OF Y OF)		
		Being duly sworn acc	cording to law, affiant would s	tate:	
1.	I an	n:			
	a.	Mother:		(Date of Birth)	,or
	b.			(Date of Birth)	
	c.			(Date of Birth)	
2.	a.	Child's Name			
	b.	Child's Date of Birth	L		
	c.	Child's Place of Birth	h		
	d.	Child's Sex			
	e.	Child's Race			
3.	Thi	s child was born in wed	llock □/ out of wedlock □.		
4.	Stat	e the names and relation	nships of any other legal/biolo	ogical parent, legal guardian or possib	ole biological parent for this child
••	State	o uno munico una remuio.	nomps of any outer regulations	great parent, regar guaranan et pessi	sie eiologiem parene for unis einia
	a.	(1) Name:			
		(2) Relationship to	the child:		
		(3) Address			
		(4) City, State Zip)		
		(5) Telephone Num	nber: Home:	Work:	
		(6) Other identifyin	ng information concerning the	above identified other legal or biolog	gical parent/legal guardian.
					and
	b.	(1) Name:			
		(2) Relationship to	the child:		
		(4) City, State Zip)		
		(5) Telephone Num	nber: Home:	Work:	
		(6) Other identifyin	ng information concerning the	above identified other legal or biolog	gical parent/legal guardian.
					and
	c.	(1) Name:			

	(3 (4 (5	Address	Zip umber: Ho ying inform	me:ation concerning the				
5.	a. L b. B	entity is unknown egal parent iological parent egal guardian	Yes □ Yes □	No □ No □				
6.	d. No.	ot applicable ereabouts is unknegal parent iological parent egal guardian	Yes ☐ nown for the Yes ☐	No □ c other: No □				
7.	d. No.	ot applicable that all informat legal guardian has	Yes ion concern s been() o	No □ ning the identity, wor will be given()		I and medical history co ptive parents to whom the ve adoptive parents.		
8.	a. A If b. If c. If d. A e. If f. Is g. If h. H i	re you or the chileno, go to # 9. yes, are you eligityes, give name or you registered by yes, give name or your child eligiblyes, give name or your child eligibly yes, your child elig	d of Native ible for triba of tribe with a Nati of tribe le for tribal of tribe n registered of tribe	membership? Yes	Yes No	s 🗆 No 🗆		
9.	b. If	es □ No □ yes, name of stat	If no, g e or country	go to #10.	state or country for add	option?		
10.	Have y named Y	ou been paid, rechild or placementes No fino, go to #11.	ceived or be at of this chi	ld for adoption?		ration of thing of value in		n of the above
		Amour Paid	nt	To Whom	By Whom	Date Received/Paid	Type Service/Cost	

b.	Is it expected that the child will become possessed of any real or personal property? Yes \(\sigma\) No \(\sigma\) If yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner argive the property value:
. a.	Do you currently have: Only legal custody of the child? Yes
b.	If another person(s) holds legal custody of the child at this time, give the following information:
	Name:Relationship, if any, to you or the child:
	Address:
	(Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work)
c.	If another person(s) holds physical custody of the child at this time, give the following information:
	Relationship, if any, to you or the child:
	(Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work)
d.	Is the person(s) who holds custody the prospective adoptive parent? Yes \(\sigma\) No \(\sigma\)
e.	your child, give the following information:
	Name of Agency:
	Street/Rural Route/P.O. Box:
f. g.	Do you intend to give custody to the prospective adoptive parents? Yes □ No □
a. b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social worker concerning the decision to place this child for adoption? Yes \square No \square
d.	Yes ☐ No ☐ If not, go to #14.
u.	Yes \(\sigma\) No \(\sigma\)
. a. b. c.	If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \(\sigma\) No \(\sigma\) Have you requested the prospective adoptive parents to provide such counseling for you?
d.	Yes □ No □ If not, go to #15. If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □
ch	o you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the nild in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the nild will become the legal child of other persons? Yes \square No \square
a.	If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign t surrender, you may revoke or cancel this surrender by signing a paper called a REVOCATION OF SURRENDER before t judge who is here today, or his or her successor? Yes \square No \square
b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The period of revocation of the surrender is
	revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will b Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) you understand this? Yes No

- c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, \underline{if} you currently have custody of the child, \underline{unless} the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding?
- 17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the abovenamed child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes \square No \square

		FURTHE	R, AFFIANT	SAITH N	NOT.	
		This the _	day of		_, 20	
	Sign	ature:	Biological	_ Legal_	Father	of
		Sworn to a	and subscribed	before n	ne this the	Name of Childday of, 20
					Please Print:	
					rease rime.	Chancellor,Circuit Judge, orJuvenile Court Judge of County, Tennessee
					Signature:	Chancellor, Circuit Judge, or Juvenile Court Judge
						PART II
	ATE (OF TENNE Y OF Being duly	SSEE y sworn affiant	would st)	Or
	b. c.	Father:				, or
2.	a. b. c. d. e.	Child's D Child's Pl Child's Se	ate of Birth:_ ace of Birth:_ ex:			
3.	and adop	ended; tha	t this child w	vill be a	dopted by	Il of my parental or guardianship rights to the child named above will be forever terminated [Name(s)] of prospective ht to see this child, or to act as parent of this child, or to otherwise be involved in the life of
4.			t by signing th other persons.	is docum	ent, I will not b	be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption
5.	a.	so by	(Dat	e from #		ocument and fully understand that if I change my decision to surrender this child I must do) by presenting the Revocation of Surrender Form, attached to this document, to the judge successor.
	b.	By my sig	nature to this p	art, I ack	nowledge rece	eipt of a copy of the Revocation of Surrender form.
6.			D VOLUNTA			DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
					(CHILD'S N	NAME)

	то:											
	a.	Prospecti	ve Adoptive l	Mother								
	b.											
FUR	RTHE	R AFFIAN	T SAITH NO	T.								
This	the _	day of _		, 20_	·							
Sign	ature	: :	Biological_	Legal_	Father							
Swo	rn to a	and subscri	bed before m	e this the _	day of	, 2	0					
						Please Pri	nt:					_
							Cha	ancellor,(Circuit or _	_Juvenile C	Court Judge County, Tenn	of essee
												_
*See	Note	Below Be	fore Signing			Chancello	Circuit or	r Juvenile C	ourt Judge			
NO.	TES T	O COUR	<u>Γ:</u>									
1.	Plea	se see T.C.	A. § 36-1-110	and 36-1-	111(b), (c), (d)	, and (e) for capacit	to execut	te and receiv	e surrende	rs and requ	irements for	validity.
2.			lical/social hi surrender. T			the child's parent(s), and bio	ological rela	tives must	be comp	pleted under	oath <u>prior</u> to
3.						ion B. <u>must</u> be com 36-1-111(k)(m) and		irected <u>prior</u>	to accepta	nce of the	surrender and	d before entry
4.	Upo the p	n satisfacto parent(s) or	ry completion legal guardia	of the aboun, the Cou	ve necessary re rt may enter an	r guardianship auth quirements and exe to Order of Full or P 30) days of the exec	cution of that	he Pre-Surre rdianship for	nder Form the Prosp	in Part I a ective Ado	and Section A optive Parent	. of Part II by
5.	surre such licer	ender, the c home stud used clinica	ourt shall, if t y to, and shall ll social wor	he surrende l order supe ker, or if	er is to persons rvision of the c the prospective	s)' home has not be who are not related shild in the home of e adoptive parents to be returned to th	[T.C.A. § the prosper are indige	36-1-102(39 ective adoptive ent under F	9)] to the c we parents Federal Po	hild, issue by, a licens verty Guid	an Order of sed child-placed delines, to the third series of the series	Reference for sing agency, a ne Tennessee
NO.	TES T	TO THE C	LERK:									
1.						person(s) executings. Certify these cop						
2.				" (Child	's Name) and	arrenders and shall shall be permanen without the written a	ly filed b	y the court	in a repor	t file for t		and shall be
3.	With Teni	nin five (5) nessee Depa	days of the exartment of Ch	xecution of ildren's Se	the surrender, a rvices, 436 6 th	a certified copy of I Avenue North, Nas ages following Part	arts I, II, a hville, TN	and III shall I 37243-129	be sent, v	vithout cos	st, to: Adopti	
	11. 3	20 1 111(y). I lease pro	vide certific	acions on the p	PART II	, ii uiiu iii					
												
B.	AC	CEPTANO	CE OF SURI	RENDER I	BY PROSPEC	TIVE ADOPTIVE	E PAREN'	TS				
STA	TE C	OF TENNE	SSEE)							
Bein	ıg duly	y sworn, aff	iant(s) would	state:								
1.	a. b.	I am	ue Adontivo 1	Mother's D	ate of Rirth	, Prospe	ctive Adop	ptive Mothe	r.			
	υ.	Trospecti	ve Adoptive I	MOUNTS D	or Diriii							

	c. d.	Prospective Ado Prospective Ado	ptive Mother's Marital S ptive Mother's Address	Status						
2.	a.	I am		, Prospec	tive Adoptive Father					
۷.	b.	Prospective Ado	ptive Father's Date of Bi	irth						
	c.	Prospective Ado	ptive Father's Marital St	tatus						
	d.	Prospective Ado	ptive Father's Address _							
3.	<u> </u>	agree to assume responsibility for obtaining guardianship of (I/We)								
				through court order with	hin thirty (30) days of the date of this					
through court order within thirty (30) days of the date of this (Name of Child)										
	educ	cation, moral, and s	spiritual training of this c	hild.	sible for the care, custody, financial support, medical care,					
4.	The	following costs ha	ve been paid by(me/u	_ for activities involving the s)	placement of this child.					
	Am	ount Paid	To Whom	Date Paid	Type Service/Cost					
					Licensed Child Placing Agency					
					Linear d Clinical Carial Walana					
					Licensed Clinical Social Worker					
					Legal Counsel					
					Other Person/Organization					
					Specify:					
					Social Counseling Cost for Child's Parent/Legal					
					Guardian Legal Counseling for Child's Parent/Legal Guardian					
					Hospital or Medical Costs for the Birth of the Child					
					Medical Care/Other Birth Related Expenses for					
					Mother and/or Child					
					Counseling Fees for Child					
					Food, Maternity Clothing, Child's Clothing					
					Housing and/or Utilities for Parent/Guardian					
					Other Costs (Specify to Whom)					
EXI		EFORE THE SU	RRENDER CAN BE R	RECEIVED BY THE COU	LICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> IRT:					
5.	a.	I/We ha	ve physical custody of th	is child; or						
	b.				arent or legal guardian within five (5) days of this surrender. The lian to this effect has been presented to the court at this time; or					
	cI/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or									
	d Another person or agency currently has physical control of the child. I/We have presented to the court an affidavit of the person of agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).									
		TIONS 6-9 <u>MUS</u> ETED BY THE C		ES" OR <u>MUST</u> BE MARE	KED "NOT APPLICABLE" BEFORE THE SURRENDER IS					
6.					or updated home study or preliminary home study of my/our home ter, or the Tennessee Department of Children's Services.					
7.	Yes No I I/We have attached the certificate of the completion of (_)legal/(_)social counseling <u>if</u> counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I above. Not Applicable.									

8.				we have attached a copy of the ICPC 100A or such form is not required by the ICPC.
9.	Yes □ No □ I/We have attache Native American heritage, there has bee □Not Applicable.		Velfare Act, 25 U.S	C. § 1901 et seq. applies because of the child's
SUE	BSECTION 10 MUST BE ANSWERE	D "YES", OR ITEM b. <u>MUST</u> EXE	PLAIN HOW COM	IPLIANCE WILL BE EFFECTED:
10.	Yes □ No □ a. If the child is to Compact on the Placement of Children.		tion in another state	there has been compliance with the Interstate
	b. If not, how will it be effected?			
FUR	RTHER AFFIANT(S) SAITH NOT			
This	s day of, 20			
				C' (D) (C) Md
				Signature of Prospective Adoptive Mother
				Signature of Prospective Adoptive Father
Swo	orn to and subscribed before me this	day of, 20		
		Please Print:	Changallan	Circuit Judge, orJuvenile Court Judge
			Cnancellor,C	Circuit Juage, orJuvenile Court Juage
			of	County, Tennessee
		Signature:	Ch 11	Circuit Judge, orJuvenile Court Judge
			Chancenor,	Circuit Judge, orJuvenile Court Judge
		<u>CERTIFICATIO</u>	<u>N</u>	
	T	, Cle	rk of the	
	rt forns to be true and accurate copies of the do	County, Tennessee he	reby certify the fore	going copies of Parts I and II of the Surrender
I OII	ns to be true and accurate copies of the de	cuments med with the court.		
			ark of the	Court of
		— —	erk of the	Court ofCounty, Tennessee
				(Seal)
		D. D. T. Y.		
		PART III CONTACT VETO REGIS		
a= :		T.C.A. § 36-1-111(k	(3)	
STA COI	ATE OF UNTY OF)		
Bein	ng duly sworn according to law affiant wo	ould state:		

November, 2001 (Revised)

1.	I am									
	a.	Mother:		, or						
	b. c.	Father:Legal Guardian:	,	or of:						
2.	a.	Child's Name:								
	b.	Child's Date of Birth:								
	c.	Child's Place of Birth:								
	d.	Child's Sex:								
	e.	Child's Race:								
3.	a.	persons who, as may be permitted by law, may he records in any other information. Those eligible legal representative, the adopted person's birth o	nave access to the sealed records, see persons currently include the adour adopted parents or step-parents, t	g (adopted person) and by certain other classes of eligible caled adoption records or post adoption records and those peted person twenty-one (21) years of age or older or their he birth or adopted siblings or lineal descendants twenty-C.A. § 36-1-127(c)]. The class of eligible persons may be						
	b.	requesting persons or any agent or other person veto except as permitted by law. The sealed add to the requesting party only after completion be attempt to contact, in any manner, by themselves veto until the Department has completed a sear contact with the requesting party. [T.C.A. §§ 3 shall be guilty of a Class B misdemeanor [T.C. shall have a cause of action in the Circuit or Ch	n acting in concert with those requestion record or post-adoption record by the requesting party of a sworn sor in concert with any other personal of the Contact Veto Registry to 36-1-127(f); 36-1-130 and 36-1-13. A. § 36-1-132]. I also understant anacery Court for injunctive relief	rwise shall be made in any manner whatsoever by those esting persons, with any person eligible to file a contact ord requested by eligible persons shall be made available a statement agreeing that he or she shall not contact or ons or entities, any of the persons eligible to file a contact of determine the willingness of the person sought to have all. The person making contact in violation of the law d that should I be contacted after filing a contact veto, I and damages, including both compensatory and punitive to contact, or caused me to be contacted [T.C.A. § 36-1-						
4.	I uno	derstand that contact with me by an eligible person	n is governed by filing my intention	ns with the Contact Veto Registry.						
5.	not t 36-1 conta	o file a contact veto at this time, but wish to do s-129(b)]. I understand that should there be a re	so later, I understand I may do so, equest for contact with me and I dren's Services to determine my	h the Contact Veto Registry. However, should I choose but will be required to pay the necessary fees [T.C.A. § have vetoed contact with any eligible person, I will be desires for contact at that time and will be given the						
6.	wish	nderstand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I sh to have with particular eligible persons. [T.C.A. \S 36-1-111(k)(3)(B); \S 36-1-127-36-1-131]. In doing so, I understand I must write to address below and request the necessary forms to complete and file with the Contact Veto Registry:								
		CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDE 436 6 th AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290								
7.	7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:									
		THIS INFORMATION MUST BE UPDATE BE MADE.	ED WITH THE DEPARTMENT	T TO ENSURE THAT FUTURE CONTACT CAN						
		Name (Including Birth & Married Names)	(Street/Rural Route/P. C	D. Box)						
		(Town/City)	(State)	(Zip Code)						
		(Home Telephone No.)	(Work Telephone No.)							
	b.	Is this address an address the department may us share address to be used:	se to write to you concerning your	wishes regarding contact. Yes \square No \square If no, please						
		(Street/Rural Route/P. O. Box)	(Town/City)	(State)						
		(Zip Code) (Work Telephone)	(Home Telep	hone)						

	(Street/Rural Route/P. O. Box)	,	(Town/City)	(State)
	(Zip Code)	(Work Telephone)	(Home	e Telephone)
d		ed telephone numbers be s	hared with eligible persons	requesting contact? YES ☐ NO ☐. If no, please
	(Work Telephone No.)	(Home Telepl	none No.)	
3. a	. I wish to veto contact with the ac access to the sealed records, sealed			ns, who may, as may be permitted by law, to hat tact with me. \Box
b	and the spouses of those persons exclude persons in those classes fr	so that they cannot be cor om this automatic coverage earch request, they will h	ntacted by a person eligible se so that they will have to	o your siblings, lineal descendants, lineal ancestor to have the records opened. You may, howevergister a contact veto themselves or, upon locate eto at the time. [T.C.A. § 36-1-130(a)(6)]. Please
c.	 (1) My siblings: (2) My lineal descendants: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendants 	ic contact veto the followi Yes	ng:	
	Please complete the following for an	y known individuals:		
	Name	Relationship Surrendering I		Address . RR, P. O. Box, Town, State, Zip
d Please	(1) Any future siblings of the add(2) A current spouse	Ŷes ☐ No ☐ Na Yes ☐ No ☐ s Yes ☐ No ☐	s No ne of current spouse	
	Please complete the following for an	y known individuals:		
	Name	Relationship Surrendering I		Address . RR, P. O. Box, Town, State, Zip
				•
	-	1	1	-

	b.	I wish to I	imit consent to certain p	ersons and only give	e consent for	contact with the follo	owing classes of peo	ple:
		(2) The (3) The (4) The	adopted person adopted person's adoptiv adopted person's adoptiv adopted person's lineal d legal representatives of a	ve siblings Yes ☐ lescendants Yes ☐	Yes ☐ Yes ☐ No ☐ No ☐ Yes ☐	No □ No □		
	c.	If contact	is limited to the legal rep		n classes of p	persons, please describ	be:	
10.	qua Tele Lett Pers	lifications to ephone	t, unannounced \Box	t)				l indicate any limitations or
	Pers	sonal contac	t, prearranged with me t through another person	Please give name	, relationshi	p to you, if any, and in		
11.	Oth	er informati	on I wish to have released	d about me to any eli	igible person	os (please identify to s	whom and the conte	nts of the information to be
11.		vided)	on I wish to have released	a about me to any en	igible persor	is (please identity to v	whom and the conter	its of the information to be
12.			h no contact with any oth share that information he		ut wish to sl	nare a statement of yo	our feelings, or circui	mstances which impact your
13.		reby reques	that this information be	filed with the Contac	ct Veto Regi	stry at the Post Adop	tion Services Unit of	f the Department of Children's
FUR	THE	R AFFIAN	IT SAITH NOT.					
			f, 20	1				
	atur	-	Biological Legal _ Biological Legal _ Legal Guardian	Mother Father _				
Swo	rn to	and subscri	bed to before me this	day of		, 20		
			1	Please Print:		ellor,Circuit Judg		
			:	Signature:		or, Circuit Judge, Juv	venile Court Judge	
				C	ERTIFICA	ATION		
		ī		Clerk of t	he.		Court of	
Cou		ennessee, c	ertify the foregoing copy	of Part III of the Sur	rrender Forn	ns to be a true and acc	curate copy of the do	ocument executed before this

Clerk of the	Court of
	County, Tennessee
	(Seal)

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

		OF TENNESSEE Y OF	
Bei	ng dul	ly sworn according to law affiant would state:	
1.	I an	n:	
	a.	Mother:	, or
	b.	Father:	, or
	c.	Legal Guardian:	, of:
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
3.	On a. b. c.	Prospective Adoptive Parent(s) Licensed Child-Placing Agency	ated a surrender of my parental or guardianship rights to the child named in #2 to:
4.	(Na	me of Judge and Name of Court)	
5.	I he	reby revoke and void the surrender of the above	e-named child.
FU	RTHE	ER AFFIANT SAITH NOT.	
Th	is the _	day of, 20	
Sig	nature	Biological LegalFather	·
Sw	orn to	and subscribed before me this day of	, 20
Th	is Rev	ocation of Surrender was received by me on the	e day of
		Please Print:	Chancellor,Circuit Judge, orJuvenile Court Judge
			ofCounty, Tennessee
		Signature (See notes below):	Chancellor, Circuit Judge, or Juvenile Court Judge

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).

- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

Please provide the certification on the page following this Revocation form.

If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services, Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

	, Clerk of the		
County, Tennessee, certify the foregoes this Court.	going copy of the Revocation of Surrender to b	e a true and accurate copy of the Re	vocation of Surrender executed
		Clerk of the	Court of County, Tennessee
			(lea2)

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.05 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, IN COURT IN ANOTHER STATE OR TERRITORY.

(1) The following form is composed of four parts (4) making a complete package which must be used at the time of surrender of child for adoption in a court in another state or territory to a Tennessee Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services (TDCS), or its successor agency in these matters. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or LCPA prior to sending the form to the court out of state for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or the LCPA. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the

Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.

- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORM FOR SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court of Record or Clerk of Court of Record in the State or Territory where executed prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

CO	UNT	OF)	
Bei	ng dul	sworn according to law, affiant would state:	
1.	I am a. b. c.	Mother:	
2.	a. b. c. d. e.	Child's Name:Child's Date of Birth:Child's Place of Birth:Child's Sex:Child's Race:	
3.	This	hild was born in wedlock □/ out of wedlock □.	
4.	State a.	he names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this content in the content	
	b.	1) Name: 2) Relationship to the child: 3) Address 4) City, State Zip 5) Telephone Number: Home: Work: 6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.	and
	c.	1) Name:	

		(3)	Address						
		(4)	City, State Zi	ip					
		(5) (6)		ing informa		Work: ne above identified oth			
5.	The i		ty is unknown f al parent	or the other Yes 🗖 1					
	b.	Biole	ogical parent	Yes 🗖 1					
	c.	Lega	al guardian	Yes 🗖 1					
	d.	Not	applicable	Yes 🗖	No □				
5.	The v		abouts is unkno						
	a.		al parent	Yes 🗖	No □				
	b. с.		ogical parent al guardian	Yes □ Yes □	No □ No □				
	d.		applicable	Yes 🗆	No 🗖				
7.	I stat	e that	all information	oncerning	the identity, who	ereabouts, and social	and medical history conc	cerning the above-na	med legal or biologica
	paren	nt/lega	al guardian has	been()			Department of Children		
		•							
3.	Inform	nation	Concerning Ch	nild's Native	e American Herita	ige:			
	a.		you or the child o, go to # 9.	of Native A	American heritage	? Yes □ No	0		
	b. c.	If ye			membership? Ye	s □ No □			
	d.	Are	you registered v	vith a Nativ	e American tribe?	Yes 🗖 No	0		
	e. f.	Is yo	s, give name of our child eligible	e for tribal n		Yes 🗖 No			
	g. h.	If ye	es, give name or your child been	f tribe registered v	with a Native Am	erican tribe? Y	es □No □		
	i. j.	If ye		f tribe					
9.	a.				nnessee to anothe	r state or country for			
·.			Yes 🗖 No f	☐ If no, go	to #10.	state of country for	adoption.		
	b.		s, name of state				_		
	c.	If ye	s, I understand	Tennessee 1	aw will govern the	e interpretation of this	surrender.		
10.							ation of thing of value in	connection with the	birth of the above-
			ld or placement o #11.	of this child	1 for adoption?	Yes □ No □			
			se complete the	following:					
			Amour Paid	nt	To Whom	By Whom	Date Received/Paid	Type Service/C	'ost
		Γ	1 alu		TO WHOM	By Whom	Received/1 and	Sci vice/C	Jose
		L							
		<u>. </u>				•		•	<u>-</u>
			s the child own						

	b.	Is it expected that the child will become possessed of any real or personal property? Yes \square No \square If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:
12.	a.	Do you currently have: Only legal custody of the child? Yes
	b.	If another person(s) holds legal custody of the child at this time, give the following information:
		Name:
		(Street, RR, P.O. Box) (Town/City) (State) (Zip)
	c.	Telephone Number (Home) (Work) If another person(s) holds physical custody of the child at this time, give the following information:
		Name:
		(Street, RR, P.O. Box) (Town/City) (State) (Zip)
	d.	Telephone Number (Home) (Work) Is the person(s) who holds custody the prospective adoptive parent? Yes
	e.	If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information: Name of Agency:
		Street/Rural Route/P.O. Box: State: Zip:
	f.	Do you intend to give custody to the licensed child placing agency or the Department of Children's Services? Yes No No
	g.	Explain any other circumstances regarding the custody status of this child:
13.	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes No No
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social services agency or licensed counselor concerning the decision to place this child for adoption? Yes No
	c.	Has such counseling been made available to you? Yes □ No □
14.	b.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes \(\Boxed{\text{No}} \\ \Delta \) No \(\Boxed{\text{If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \(\Boxed{\text{No}} \) No \(\Boxed{\text{Impart}} \) Has such counseling been made available to you? Yes \(\Boxed{\text{No}} \) No \(\Boxed{\text{Impart}} \)
	c.	Has such counseling been made available to you?
15.	chil	you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the d in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will ome the legal child of other persons? Yes \square No \square
16.	a.	If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a $\frac{REVOCATION\ OF\ SURRENDER}{}$ before the judge or clerk who is here today, or his or her successor? Yes \square No \square
	b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The
		revocation period is ten (10) calendar days and will expire on the tenth (10th) day or $(Mo/Day/Yr)$ If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be $(Mo/Day/Yr)$ Do you understand this? Yes \square No \square
	c.	Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child,

	and that you may contest this decision n proceeding? Yes □ No □	ot to return the child to you and you m	ay have legal counsel to represent you in that
17.	Knowing the above, do you freely, voluntarily named child so that the child may be placed for		
	FURTHER, AFFIANT SAITH NOT.		
	This the day of 20		
	•		
	Biological Legal Father	er	
	Legal Guardian of		of
	_	Name of Child	
		Name of Child	
	Sworn to and subscribed before me this the	day of, 20	
	Please Print:		1.64
		Chancellor,Judge, of a Court of Reco	ord of the of,
			or Territory)
		(City)	or remoty)
		(City)	
	Signature:	Chancellor Or Judge Of Court Of Record	Named Above
		Chamberlot of Judge of Court of Record	Tumed 1 toove
OR	BY A CLERK OF A COURT OF RECORD:		
	Please Print:		
	rease rime.	Name of Clerk of Court of Record of The	
		Court of	, Count or Parish of
		(State or Territory)	(City)
	Signature:		
		Clerk of Court of Record	
		PART II	
A.	SURRENDER OF CHILD BY A PARENT OR	GUARDIAN IN ANOTHER STATE O	R TERRITORY TO THE TENNESSEE
	DEPARTMENT OF CHILDREN'S SERVICE	S OR TENNESSEE LICENSED CHILI	PLACING AGENCY
STA	ATE OF		
CO	UNTY OF		
Bein	ng duly sworn according to law, affiant would state:		
1.	I am:		
	a. Mother:b. Father:		
	c. Legal Guardian:		
2.	a. Child's Name:		
	b. Child's Date of Birth:		
	c. Child's Place of Birth:d. Child's Sex:		
	e. Child's Race:		

3.	I understand that by my sand ended; that this child	signature to this document, all of i d will be placed for adoption by Department of Children's Service	my parental or guar	rdianship rights to the cl	hild named above v	will be forever	terminate g Agenc	ed y,
	or by the Tennessee right to see this child, or t	to act as parent of this child, or to	es, and that the chi otherwise be involv	ved in the life of this chi	ild.	nat I will nave	no Turtn	.er
4.	I understand that by signi adoption of my child by o	ing this document, I will not be enother persons.	ntitled to any notice	, legal or otherwise, of a	any other legal	proceedings	for the	he
5.	so by	ly understand Part I of this docum _(Date from # 16b. of Part I) by p this proceeding, or his or her succe	presenting the Rev					
	b. By my signature to the	nis part, I acknowledge receipt of a	a copy of the Revoc	cation of Surrender form	1.			
6.	I FREELY AND VOLU GUARDIANSHIP RIG	UNTARILY, WITHOUT DURI		ND, SURRENDER AI	LL OF MY PARI	ENTAL OR		
	TO:	(CHILD'S NAM	IE)					
		ng Agency nent of Children's Services (Please						
	bremiessee Departir	ient of emidien's Services (Ficase	с спеск и аррисаот	c. <i>)</i>				
	FURTHER AFFIA	NT SAITH NOT.						
	This the day o	of 20						
	,							
	Signature:	Biological, Legal Moth	er					
	8	Biological, Legal Father	r					
		Legal Guardian						
Sw	orn to and subscribed befor	re me this the day of	, 20_	_•				
			Please Print:	:				
				Chancellor	, Judge, of a Cou			
				Parish of	Court of	C	County of a	r ıt
				1 411311, 01	(State Or	Territory)	"	·
						(City)		-
						(City)		
			Signaturo					
	*See N	otes Below Before Signing	Signature	Chancellor or Judge of	Court of Record N	amed Above		
		OR BY A CLERK OF A C	OURT OF RECO	ORD:				
		Please Print:						
		r lease r mit						
		Name of Clerk of Court of Ro	ecord of The					
		Court of		, County or				
		Parish of						
		(State or Territory)		(City)	•			
		Signature:			<u></u>			
	ee Notes Below fore Signing	Clo	erk of Court of Rec	cord				

$\underline{\textbf{NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:}$

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older. T. C. A. § 36-1-110.
- 2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath <u>prior</u> to execution of the surrender. T. C. A. § 36-1-111-(k).

- When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. § 36-1-
- Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I, and II on the page following Part II. Costs and copies may be taxed only to the licensed child-placing agency or to the Tennessee Department of Children's Services which receives the surrender. T.C. A. § 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- Parts I and II of the surrender form received pursuant to T.C.A. § 36-1-111(h) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. § 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. § 36-1-111(n).
- The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A., by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(6)(c). This should be done within thirty (30) days of the filing of the surrender. T.C.A. § 36-1-111(u).

NO'	TES T	TO THE CLERK IN TENNESSEE;
1.		copies of the surrender filed by the licensed child-placing agency or the Tennessee Department of Children's Services shall be entered in a ial docket for surrenders and shall be styled "In Re" and shall be (Child's Name)
		nanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the ten approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
2.	Serv	nin five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II shall be sent, without cost, to: Adoption rices, Tennessee Department of Children's Services, 436 6 th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and Please certify the copies following the certifications by the out-of-state clerk.
		PART II
В.		CEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE ENSED CHILD-PLACING AGENCY
STA CO	ATE (UNT	OF) Y OF)
Beir	ng dul	y sworn according to law, affiant would state:
1.	I,	, an authorized representative of:
	a.	Licensed Child-Placing Agency; or the
	b.	County Tennessee Department of Children's Services upon
		execution of Parts I and IIA. by the parent or guardian named therein before Judge or Clerk of the Court named therein, accept the surrender of:
	c.	Name of ChildDATE:
		Please Print:

			Name and Title of Authorized Representative
	Signa	ature:	Signature of Authorized Representative
	BSECTIONS 2a2d. <u>MUST</u> BE MARKED TO DESIGNATE THI ST EXIST BEFORE THE SURRENDER CAN BE RECEIVED I		
2.	Icertify on behalf of:		
	Licensed Child-Placing Agency or the		(Name of Agency);
	Tennessee Department of Children's Services;		
	 a That my agency has physical custody of this child; or b That my agency has received the affidavit required by § 3 from the surrendering parent or guardian within five (5) days of custodial parent or guardian to that effect has been attached with c My agency has the right to receive physical custody of the health care facility, and the affidavit of the custodial parent or g has been attached with the acceptance at this time; or d That another person or agency has physical custody of the agency required by § 36-1-111 (d)(6) which indicates their wait upon entry of an order of guardianship pursuant to § 36-1-136(t) time. 	the date of the the acceptance child upon guardian to the child. The ver of the rig	this surrender. The affidavit of the ance at this time; or in his or her release from a hospital or this effect required by § 36-1-111 (d)(6) are affidavit of that person or agency ght to custody of the child
	SSECTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUS</u> RRENDER IS COMPLETED BY THE COURT.	ST BE MAI	RKED "NOT APPLICABLE" BEFORE THE
3.	Yes I No I That if the Indian Child Welfare Act, 25 U.S.C. § 1901 been compliance with the Act. INO Applicable	et seq., app	lies because of the child's Native American heritage, there has
4.	Yes \(\sigma \) No \(\sigma \) (Licensed Child-Placing Agency Only) I have presen Interstate Compact on the Placement of Child Form 100A for a child adoption or foster care. If the ICPC Form 100A is not available, expl	brought into	o Tennessee for
	FURTHER AFFIANT SAITH NOT.		
	This day of		
	Please Print:		
	Name and title of auth or Tennessee Lic	orized repre ensed Child-	esentative of Tennessee Department of Children's Services I-Placing Agency
	Signature:		
Swo	orn to and subscribed before me this day of	, 20 _	<u> </u>
			NOTARY PUBLIC
Му	commission expires:		
	<u>CERTIFICATION OF C</u>	OUT-OF ST	<u>ΓATE CLERK</u>
	I,, C	lerk of the _	Court of
here	I,, C County (Parish) by certify the foregoing copies of Parts I and II of the Surrender Forms	to be true ar	(Name of State) nd accurate copies of the documents filed with the court.
	Clerk	of the _	Court of

	County	(Parish),
<u>CERTIFICA</u>	TION OF TENNESSEE CLERK	(Seal)
I, County, Tenne and accurate copies of the documents filed with this Court.	, Clerk of the essee, certify the foregoing copies of Parts I and II	Court of of the Surrender Forms to be true
	Clerk of the	Court of
		County, Tennessee.
		(Seal)
	PART III CT VETO REGISTRATION C.A. § 36-1-111(k)(3)	

Being duly sworn according to law affiant would state:

- Being duly

 1. I am:
 - a. Mother: _______, o
- 2. a. Child's Name:______
 - b. Child's Date of Birth:_____
 c. Child's Place of Birth:____
 - d. Child's Sex: ___
 - e. Child's Race:
- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].

6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6th AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural Rou	te/P. O. Box)	
(Town/City)	(State)	(Zip Code)	
(Home Telephone No.)	(Work Telephone	No.)	
Is this address an address the department ma		your wishes regarding contact.	
(Street/Rural Route/P. O. Box)	(Town/City)	(State)	
(Zip Code) (Work Telephone)	(Home	e Telephone)	
Is this address an address a person requestin Yes □ No □. If no, please share th	ng contact may use to write to yo ne address to be used:	u?	
(Street/Rural Route/P. O. Box)	(Town/City)	(State)	
(Zip Code) (Work Telephone)	,(Home	e Telephone)	
YES \square NO \square . If no, may the listed please list telephone number(s), if any, that		th eligible persons requesting contact? YES \square NC tact you.	0 🗆
please list telephone number(s), if any, that (Work Telephone No.)	might be shared and used to con (Home Telephone No.)	tact you.	
please list telephone number(s), if any, that (Work Telephone No.)	might be shared and used to con (Home Telephone No.) erson and all other classes of eli	tact you. gible persons, who may, as may be permitted by	
please list telephone number(s), if any, that (Work Telephone No.) I wish to veto contact with the adopted pe access to the sealed records, sealed adoption The filing of a contact veto by you makes and the spouses of those persons so that the exclude persons in those classes from this a	(Home Telephone No.) erson and all other classes of elinate records or post adoption record the contact veto automatically a per cannot be contacted by a per automatic coverage so that they want they want they want to register the contact of the contact veto automatic coverage so that they want to register want to register the contact of the contact veto automatic coverage so that they want to register want to register the contact veto automatic veto register veto automatic veto register veto automatic veto register veto automatic veto register veto regis	tact you. gible persons, who may, as may be permitted by	lav eal nay, upo
please list telephone number(s), if any, that (Work Telephone No.) I wish to veto contact with the adopted pe access to the sealed records, sealed adoption The filing of a contact veto by you makes and the spouses of those persons so that the exclude persons in those classes from this a by the department, pursuant to a search reindicate whether you wish to exclude any of I wish to exclude from the automatic contact	(Home Telephone No.) erson and all other classes of elimerecords or post adoption record the contact veto automatically any cannot be contacted by a permutomatic coverage so that they was quest, they will have to register of these persons.	gible persons, who may, as may be permitted by to have contact with me. applicable to your siblings, lineal descendants, line rson eligible to have the records opened. You my will have to register a contact veto themselves or, a	lav eal nay, upo
please list telephone number(s), if any, that (Work Telephone No.) I wish to veto contact with the adopted pe access to the sealed records, sealed adoption The filing of a contact veto by you makes and the spouses of those persons so that the exclude persons in those classes from this a by the department, pursuant to a search recindicate whether you wish to exclude any of I wish to exclude from the automatic contact (1) My siblings: Yes	might be shared and used to con (Home Telephone No.) erson and all other classes of elimeterords or post adoption record the contact veto automatically any cannot be contacted by a performatic coverage so that they are quest, they will have to register of these persons. et veto the following: No □	gible persons, who may, as may be permitted by to have contact with me. applicable to your siblings, lineal descendants, line rson eligible to have the records opened. You my will have to register a contact veto themselves or, a	law eal nay, upo
please list telephone number(s), if any, that (Work Telephone No.) I wish to veto contact with the adopted pe access to the sealed records, sealed adoption The filing of a contact veto by you makes and the spouses of those persons so that the exclude persons in those classes from this a by the department, pursuant to a search reindicate whether you wish to exclude any of I wish to exclude from the automatic contact	(Home Telephone No.) erson and all other classes of elimerecords or post adoption record the contact veto automatically any cannot be contacted by a permutomatic coverage so that they was quest, they will have to register of these persons.	gible persons, who may, as may be permitted by to have contact with me. applicable to your siblings, lineal descendants, line rson eligible to have the records opened. You my will have to register a contact veto themselves or, a	lav eal nay, upo
please list telephone number(s), if any, that (Work Telephone No.) I wish to veto contact with the adopted pe access to the sealed records, sealed adoption The filing of a contact veto by you makes and the spouses of those persons so that the exclude persons in those classes from this a by the department, pursuant to a search recindicate whether you wish to exclude any of I wish to exclude from the automatic contact (1) My siblings: Yes □ (2) My lineal descendants: Yes □ (3) My lineal ancestors: Yes □ (4) The spouses of:	might be shared and used to con (Home Telephone No.) erson and all other classes of elimeters or post adoption records the contact veto automatically a per cannot be contacted by a penturomatic coverage so that they was quest, they will have to register of these persons. Extitet veto the following: No No No No No No No No	gible persons, who may, as may be permitted by to have contact with me. applicable to your siblings, lineal descendants, line rson eligible to have the records opened. You my will have to register a contact veto themselves or, a	law eal nay, upo
please list telephone number(s), if any, that (Work Telephone No.) I wish to veto contact with the adopted pe access to the sealed records, sealed adoption The filing of a contact veto by you makes and the spouses of those persons so that the exclude persons in those classes from this a by the department, pursuant to a search recindicate whether you wish to exclude any of I wish to exclude from the automatic contact (1) My siblings: (2) My lineal descendants: (3) My lineal ancestors: (4) The spouses of: (a) siblings Yes	might be shared and used to con (Home Telephone No.) erson and all other classes of elinate records or post adoption record the contact veto automatically a per cannot be contacted by a per automatic coverage so that they are quest, they will have to register a fthese persons. Et veto the following: No No No No No No No No	gible persons, who may, as may be permitted by to have contact with me. applicable to your siblings, lineal descendants, line rson eligible to have the records opened. You my will have to register a contact veto themselves or, a	lav eal nay, upo
please list telephone number(s), if any, that (Work Telephone No.) I wish to veto contact with the adopted pe access to the sealed records, sealed adoption The filing of a contact veto by you makes and the spouses of those persons so that the exclude persons in those classes from this a by the department, pursuant to a search recindicate whether you wish to exclude any of I wish to exclude from the automatic contact (1) My siblings: Yes □ (2) My lineal descendants: Yes □ (3) My lineal ancestors: Yes □ (4) The spouses of:	might be shared and used to con (Home Telephone No.) erson and all other classes of elimeters or post adoption records the contact veto automatically a per cannot be contacted by a penturomatic coverage so that they was quest, they will have to register of these persons. Extitet veto the following: No No No No No No No No	gible persons, who may, as may be permitted by to have contact with me. applicable to your siblings, lineal descendants, line rson eligible to have the records opened. You my will have to register a contact veto themselves or, a	lav eal nay, upo
please list telephone number(s), if any, that (Work Telephone No.) I wish to veto contact with the adopted pe access to the sealed records, sealed adoption The filing of a contact veto by you makes and the spouses of those persons so that the exclude persons in those classes from this a by the department, pursuant to a search recindicate whether you wish to exclude any of I wish to exclude from the automatic contact (1) My siblings: (2) My lineal descendants: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendants Yes	might be shared and used to con (Home Telephone No.) erson and all other classes of elian records or post adoption record the contact veto automatically and the contact veto automatically and the contacted by a period period to the contacted by a period period to the contact veto automatic coverage so that they of these persons. Et veto the following: No No No No No No No No	gible persons, who may, as may be permitted by to have contact with me. applicable to your siblings, lineal descendants, line rson eligible to have the records opened. You my will have to register a contact veto themselves or, a	law eal nay, upo

ile 0	250-7-1305, continued)			
	-			
d.	(3) Future spouse of mine(4) Any of my lineal descendants	Name of current spouse Yes No S		
se co	mplete the following for any known	individuals:		
	Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip	
	Name	Surrendering Ferson	Street., KK, F. O. Box, Town, State, Zip	
	 The adopted person The adopted person's adoptiv The adopted person's adoptiv The adopted person's lineal d The legal representatives of a 	re siblings Yes 🗖 No 🗖		
c.		presentative of certain classes of persons, p	lease describe:	
qua Tele Let	lifications to these methods of contaephone ters	by those persons requesting contact with moct)	ne: (Please check all that apply and indicate any limitation:	
	sonal contact, unannounced	□, either via phone □ or correspondence i		
	Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to con-			
	er information I wish to have releas	ed about me to any eligible persons (please	identify to whom and the contents of the information to be	
_				
			tement of your feelings, or circumstances which impact you	

13.		reby request that this rices	information be f	iled with the Contac	ct Veto Registry at the	e Post Adoption Services U	nit of the Department of Children
	FUF	RTHER AFFIANT SA	AITH NOT.				
		This the day	of	. 20			
		Signature:			Mathan		
		Signature:	Biological _	Legal Legal	Father		
			Legal Guard	ian			
		Sworn to and subsc	ribed to before 1	ne this da	y of	, 20	
					rint:		
				i icasc i	Chancellor,	Judge, or Clerk of the	
					County or Paris	h, of	
					(STATE OR T		
					at	(CITY)	
				Signatui	re:		
				G		or Clerk of Court of Record	Named Above
				C	ERTIFICATION		
		I,		, Clerk of t	he	Court of	
Cou	nty, S cuted b	tate of before this Court.	, certif	y the foregoing cop	y of Part III of the Su	arrender Forms to be a true	and accurate copy of the documen
						Clerk of the	Court ofCounty,
						State of	County,
							(Seal)
					PART IV		
			REVOC	ATION OF SURR	ENDER BY A PAR	ENT OR GUARDIAN	
STA	TE (OF					
CO	UNTY	Y OF					
Beir	ng dul	y sworn according to	law affiant woul	d state:			
1.	I am					or.	
	a. b.						
	c.	Legal Guardian:				, of:	
2.	a.	Child's Name:	.1				
	b. c.	Child's Date of Bir	th:				
	d.						
	e.	Child's Race:				-	
3.	On_		(Date	e), I executed a surr	render of my parental	or guardianship rights to the	ne child named in #2 to:

.. A1 .. D ...

	b. Licensed Child-Placing Agency
	c. Tennessee Department of Children's Services
٠.	The surrender was executed before: (Name of Judge or Clerk and Name of Court)
	I hereby revoke and void the surrender of the above-named child.
-	FURTHER AFFIANT SAITH NOT.
	This theday of
	Signature: Biological Legal Mother Biological Legal Father Legal Guardian:
	Sworn to and subscribed before me this day of, 20
	This Revocation of Surrender was received by me on the day of, 20
	Please Print: Chancellor, Judge, or Clerk of Court of Record of County, State of
	Signature (See notes below):
	Chancellor, Judge, or Clerk of Court of Record

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CER	TIFI	CA	LIUN

	CERTIFIC	ATION	
I.	, Clerk of the	Court of	
	of, Clerk of the of, certify the foregoing copy of the I xecuted before this Court.	Revocation of Surrender to be a true and ac	curate copy of the Revocation
		Clerk of the	Court ofCounty,
		State of	County,
			(Seal)
	T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112 Order #6, January 12, 1996. Administrative H t 21, 2001.		
0250-7-13- PROSPEC	.06 SURRENDER DOCUMENTS FO CTIVE ADOPTIVE PARENTS IN A COURT		
(1)	The following form is composed of four parts the time of surrender of child for adoptio prospective adoptive parents. Parts I and I surrender. Part II B. should be completed by form to the court out of state for completion to the person executing the surrender and t should be given to the person executing the sby the Clerk. Part IV, the revocation of surreparent or guardian at the time of the surrender	n in a court in another state I A. and III should be complety the prospective adoptive parer of the surrender. Copies of Parts to the prospective adoptive parer surrender and should be sent directly which is part of the package.	or territory directly to ted at the time of the nts prior to sending the I and II should be given ents. Copies of Part III ectly to the Department
(2)	The requirements for execution and processin 36-1-112 and are noted in summary manner of		Γ.C.A. §§ 36-1-111 and
(3)	The information in these forms is confidential of the court with domestic relations jurisdiction		out the written approval
(4)	Form:		
FORMS FO	OR SURRENDER OF CHILD BY A PARENT OR GUAR PROSPECTIVE ADO		RITORY DIRECTLY TO
	PART	ΓI	
	PRE-SURRENDER	INFORMATION	
	e following information is required by Tennessee Code Annota ourt of Record in another State or Territory where executed prior		
	eudonyms must not be used nor may spaces for the identities of ecuting these documents to prove their identities satisfactorily t		ank. The court shall require
STATE OF _ COUNTY OF			

Being duly sworn according to law, affiant would state:

a. Mother:	1.	I am:										
c. Legal Guardian:		a.	Moth	ner:				(Da	te of Birth)		_,or	
2. a. Child's Name b. Child's Pance of Birth c. Child's Pance of Birth d. Child's Pance of Birth d. Child's Sace c. Child's Race 3. This child was born in wedlock □/ out of wedlock □. 4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child: a. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: Work: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. b. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: Work: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. c. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: Work: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. parent/legal guardian. and c. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: Work: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian parent/		b.	Fathe	er:				(Da	te of Birth)		,or	
b. Child's Pales of Birth c. Child's Pales of Birth d. Child's Pales of Birth d. Child's Sex		C.	Lega	i Guardian				(D	ite of Birtin)		_,01.	
c. Child's Pace of Birth d. Child's Sex e. Child's Sex e. Child's Race	2.	a.	Chile	l's Name								
d. Child's Sex e. Child's Race		b.	Chile	l's Date of Birth								
e. Child's Race 3. This child was born in wedlock □/ out of wedlock□. 4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child: a. (1) Name: (2) Relationship to the child: (3) Address (4) Ciry, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological and b. (1) Name: (2) Relationship to the child: (3) Address (4) Ciry, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. c. (1) Name: (2) Relationship to the child: (3) Address (4) Ciry, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. c. (1) Name: (7) Relationship to the child: (8) Address (9) Ciry, State Zip (10) Cher identifying information concerning the above identified other legal or biological parent/legal guardian. c. (1) Name: (1) Relationship to the child: (2) Relationship in the child: (3) Address (4) Ciry, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian parent/legal guardian parent/legal guardian parent/legal guardian parent/legal guardian parent/legal guardian has been() or will be given() to the prospective adoptive parents to whom the above child is being surrendered, to parent/legal guardian has been() or will be given() to the prospective adoptive parents to whom the above child is being surrendered, to		c. d	Chile	i's Place of Birti	n							
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child: a. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological and b. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. c. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. 5. The identity is unknown for the other: a. Legal parent Yes □ No □ c. Legal guardian Yes □ No □ c. Legal guardian Yes □ No □ b. Biological parent Yes □ No □ c. Legal guardian Yes □ No □ c. Legal guardian Yes □ No □ c. Legal guardian Yes □ No □ d. Not applicable Yes □		e.	Chile	l's Race								
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child: a. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological and b. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. c. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. 5. The identity is unknown for the other: a. Legal parent Yes □ No □ c. Legal guardian Yes □ No □ c. Legal guardian Yes □ No □ b. Biological parent Yes □ No □ c. Legal guardian Yes □ No □ c. Legal guardian Yes □ No □ c. Legal guardian Yes □ No □ d. Not applicable Yes □	2	ani :	1 '1 1		1.7/	11						
a. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological and b. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. c. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. and c. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian yes No c. Legal parent Yes No c. Legal quardian Yes No d. Not applicable Yes No b. Biological parent Yes No c. Legal quardian Yes No b. Biological parent Yes No c. Legal quardian Yes No d. Not applicable Yes No d. No	3.	I nis c	cniia	was born in wedi	OCK 🗐/ (out or weard	оскЦ.					
(2) Relationship to the child: (3) Address (4) City, State Zip ———————————————————————————————————	4.	State	the na	ames and relation	ships of	any other le	egal/biological	parent, lega	l guardian or po	ossible biolo	gical parent fo	r this child:
(2) Relationship to the child: (3) Address (4) City, State Zip ———————————————————————————————————		a. (1))	Name:								
(4) City, State Zip (5) Telephone Number: Home:				Relationship to	the child	1:						
(5) Telephone Number: Home:		. ,		Address								
Other identifying information concerning the above identified other legal or biological parent/legal guardi				Telephone Num	her: Ho	me:		Work				
b. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home:		. ,		Other identifyin	g inform	ation conce	rning the abov	e identified	other legal or bi	iological		parent/legal guardian.
b. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home:												-
(2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home:												and
(2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home:		h (1)	١	Name:								
(3) Address (4) City, State Zip (5) Telephone Number: Home:		, ,										
(4) City, State Zip (5) Telephone Number: Home:		. ,		Address								
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. C. (1) Name:		. ,		City, State Zip								
parent/legal guardian. c. (1) Name:		. ,		Other identifyin	g inform	me: ation conce	rning the abov	work:_ e identified	other legal or bi	iological		
c. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home:		(0)	,			unon conce	ining the tioo!	o identifica	outer regain or or	orogreur		
c. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological Description Description Description												-
c. (1) Name: (2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home: (6) Other identifying information concerning the above identified other legal or biological parent/legal guardia b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No b. Biological parent Yes No c. Legal parent Yes No d. Not applicable Yes No b. Biological parent Yes No c. Legal guardian Yes No b. Biological parent Yes No c. Legal guardian Yes No b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to												- and
(2) Relationship to the child: (3) Address (4) City, State Zip (5) Telephone Number: Home:			(1)									_
(3) Address (4) City, State Zip (5) Telephone Number: Home:			(1) (2)	Name:	the child	·						
(4) City, State Zip (5) Telephone Number: Home:			(3)	Address								
(5) Telephone Number: Home:			(4)	City, State Zip								
5. The identity is unknown for the other: a. Legal parent Yes No b. Biological parent Yes No d. Not applicable Yes No b. No applicable Yes No b. No applicable Yes No b. Biological parent Yes No b. No applicable Yes No b. Biological parent Yes No b. Biological parent Yes No b. Biological parent Yes No d. Not applicable			(5)	Telephone Num	ber: Ho	me:		Work:_				
5. The identity is unknown for the other: a. Legal parent Yes No b. Biological parent Yes No d. C. Legal guardian Yes No d. Not applicable Yes No			(0)	•	_		-		-	-		parent/legal guardian.
 a. Legal parent Yes No b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No 6. The whereabouts is unknown for the other: a. Legal parent Yes No b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No d. Not applicable Yes No 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to												_
 a. Legal parent Yes No b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No 6. The whereabouts is unknown for the other: a. Legal parent Yes No b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No d. Not applicable Yes No 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to												_
 b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No 6. The whereabouts is unknown for the other: a. Legal parent Yes No b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been or will be given to the prospective adoptive parents to whom the above child is being surrendered, to 	5.											
 c. Legal guardian Yes No No d. Not applicable Yes No 8. The whereabouts is unknown for the other: a. Legal parent Yes No b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to 		a. b.	Lega Biolo	gical parent	Yes 🗇	No 🗖						
6. The whereabouts is unknown for the other: a. Legal parent Yes □ No □ b. Biological parent Yes □ No □ c. Legal guardian Yes □ No □ d. Not applicable Yes □ No □ 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to												
 a. Legal parent Yes No b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to		d.	Not a	pplicable	Yes 🗖	No 🗆						
 a. Legal parent Yes No b. Biological parent Yes No c. Legal guardian Yes No d. Not applicable Yes No 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to	6.	The w	here	abouts is unknow	n for the	other:						
 c. Legal guardian Yes □ No □ d. Not applicable Yes □ No □ 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to 												
 d. Not applicable Yes No 7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to 												
7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biolog parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to												
parent/legal guardian has been(_) or will be given(_) to the prospective adoptive parents to whom the above child is being surrendered, to												
	7.											
agency conducting the adoptive norms stady, or to the autorney for the prospective adoptive parents.											me above cim	d is being sufferidered, to the
8. Information Concerning Child's Native American Heritage:	8.	Ü	•			•	·	•	_ *	±		
a. Are you or the child of Native American heritage? Yes □ No □		a.	Are y	ou or the child o	f Native	American l	neritage?	Yes □	No 🗖			
If no, go to #9. b. If yes, are you eligible for tribal membership? Yes □ No □					e for trib	al members	hip?	Yes □	No □			

	c.	If yes, give name of tribe						
	d. e.	Are you registered with a Na If yes, give name of tribe.	tive American tribe?	Yes 🗖	No 🗖			
	f.	Is your child eligible for triba	al membership?	Yes 🗖	No 🗖			
	g.	If yes, give name of tribe.						
	h.	Has your child been registered		an tribe?	Yes □ No □			
	i	If yes, give name of tribe This information is unknown		Yes 🗖	No 🗖			
	j.	This information is unknown		ies 🗅	NO LI			
) .	a.	Will this child be sent out of Yes ☐ No ☐ If no,		ate or country f	or adoption?			
	b.	If yes, name of state or count	ry.					
	c.	If yes, Tennessee law will go	overn the interpretation of	of this surrender	. .			
10.		e you been paid, received or bed child or placement of this c Yes No II If no, go to #11. If yes, please complete the fo	hild for adoption?	ey or other ren	nuneration of thing	of value in co	nnection with the birth	ı of the above
		Amount			Dat	e	Type	
		Paid	To Whom	By Whom			Service/Cost	
				•]
								4
								-
								1
								1
								_
1	a.	Does the child own any real	1 1 1		o 🗖 If yes, please o	lescribe the pro	perty owned and give t	the property
		value:						
	b.	Is it expected that the child w If, please describe property, the property value:					the child becomes own	ner and give
12.	a.	Do you currently have: Only legal custody of t Only physical custody Both legal and physica			-			
	b.	If another person(s) holds leg Name: Relationship, if any, to you						
		Address:			(State)	(Zip)		
	c.	Telephone Number (Home) If another person(s) holds phy Name:	(World ysical custody of the chi	ld at this time,	give the following i	nformation:		
		Relationship, if any, to you Address:						
		(Street, RR, P.O. Telephone Number (Home)	Box) (Town/City))	(State)	(Zip)		

	d. e.	If a license custody of	your child, give the following information	partment of Children's Services or another State agency holds physical and/or legal n:
		Street/Rur	ral Route/P.O. Box:	
		Town/City	y:	State: Zip:
	f. g.			ptive parents? Yes \(\simega \) No \(\simega \) dy status of this child: \(\simega \)
13	a.	Are you av		to you to care for the child should you desire to parent this child?
	b.		from a social services agency or licensed c	the which may be available to you or regarding other issues concerning adoption or ounselor concerning the decision to place this child for adoption?
	c.		equested the prospective adoptive parents to \Box If not, go to #14.	to provide such counseling for you?
	d.	If so, has s	such counseling been made available to yo	u by the prospective adoptive parents?
14.	a.		sire to be represented by legal counsel at the	his surrender proceeding? Yes □ No □
	b. c.		you desire to consult with legal counsel pri requested the prospective adoptive parents	or to the execution of the surrender of the child? Yes \(\sigma\) No \(\sigma\)
	d.		No I If not, go to #15. such counseling been made available to yo	u by the prospective adoptive parents?
		Yes 🗆 No	o -	
15.	chile	d in any m		ender of the above-named child that you will have no right to act as parent of the ights and responsibilities to and with the child will be terminated and that the s \square No \square
16.	a.	surrender		child, do you understand that within ten (10) days from the date you sign the nder by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the accessor? Yes □ No □
	b.	the tenth Saturday,	n period is ten (10) calendar days and (10th) day falls on a Saturday, Sunday, Sunday or legal holiday. If this is the	Id on this date, (Mo/Day/Yr), the period of revocation of the signing of the surrender , or (Mo/Day/Yr) The will expire on the tenth (10th) day or (Mo/Day/Yr) If y or legal holiday, the last day for revocation will be the next day which is not a situation in this case, that date will be (Mo/Day/Yr) Do
		you under Yes □ N	rstand this? o □	
	c.	parents w	vill be required to return the child, <u>if</u> y	ation of Surrender form within the ten (10) day period, the prospective adoptive ou currently have custody of the child, <u>unless</u> the court finds that to do so will not safety of the child, and that you may contest this decision not to return the epresent you in that proceeding? Yes \square No \square
17.				ithout duress or pressure by any other person(s) desire to surrender the aboveion and adopted by the prospective adoptive parents? Yes \Box No \Box
FUR	THE	R, AFFIAN	T SAITH NOT.	
		This the _	day of 20	
	Signa	ature:	Biological Legal Mother	
			Biological Legal Father Legal Guardian of	of
				Name of Child
		Sworn to a	and subscribed before me this the day	y of, 20
			Please Print:	
				Chancellor,Judge, of a Court of Record of the,
				County or Parish, of, (State or Territory)
				•

			(City)		
		Signature:		L L OCC TOOR IN	
				r Judge Of Court Of Record Na	med Above
		OR BY A CL	ERK OF A COUI	RT OF RECORD:	
		Please Print: Name Of Clerk Of Court Of	Record Of The		
		Court Of Parish Of		, County Or	
		(State Or Territor	ry)	(City)	
		Signature:	Clerk Of Cou	art Of Record	_
			PART II		
A.		LD BY PARENT OR GUARI ECTLY TO PROSPECTIVE			
CT.			ADOFIIVEFA	RENTS	
CO	ATE OF TENNESSEE DUNTY OF)			
	Being duly sworn ac	cording to law affiant would sta	ate:		
1.	I am:				
	c. Legal Guardian:		, of:		
2.	a. Child's Name:				
	b. Child's Date of Birth:				
	d. Child's Sex:				
3.	and ended; that this chi	ld will be adopted by			ned above will be forever terminated [Name(s) of prospective otherwise be involved in the life of
4.	I understand that by signir of my child by other perso		ntitled to any notice	e, legal or otherwise, of any other	er legal proceedings for the adoption
5.	so by		presenting the Rev		ion to surrender this child I must do ached to this document, to the judge
	b. By my signature to t	his part, I acknowledge receipt of	of a copy of the Rev	vocation of Surrender form.	
6.	I FREELY AND VOI	LUNTARILY, WITHOUT	DURESS OF AN	NY KIND, SURRENDER A	LL OF MY PARENTAL OR
	GUARDIANSHIP RIG	HTS TO(CHILD'S NAM		_	
	TO:				
		ve Mother			
		ve Father			
FUI	RTHER AFFIANT SAITH	NOT.			
Thi	s the day of	, 20			
	Signature:	Biological Legal Biological Legal Legal Guardian	Father		
Swo	orn to and subscribed before	me this the day of			

Ple	ase Print:	
	Chancellor, Judge, of Court of Record of	
	Court ofCounty or	r
	Parish, of a	t
	(State Or Territory)	
	(City)	
	nature:	_
*See Notes Below Before Signing	Chancellor or Judge of Court of Record Named Above	

OR BY A CLERK OF A COURT OF RECORD:

	Please Print:	
	Name Of Clerk Of Court Of Record Of The	
	Court Of	, County Or
	Parish Of	
	(State Or Territory)	(City)
	Signature:	
*See Notes Below	Clerk Of Court Of Record	

Before Signing

NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
- 2. A separate medical/social history form for the child, the child's parent(s), and biological relatives must be completed under oath <u>prior</u> to execution of the surrender. T. C. A. 36-1-111(k).
- 3. When applicable, as noted above., all provisions of Section B. must be completed <u>prior</u> to your signing of the Surrender in Section A. T. C. A. 36-1-111(k), (m) and (o).
- 4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Parts I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify the copies of Parts I and II on the page following Part II. Costs of copies may be taxed only to the prospective adoptive parents who receive the surrender. T.C. A. § 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- 1. Parts I and II of the surrender forms received pursuant to T.C.A. 36-1-111(h) must be filed in the Chancery, Circuit, or Juvenile Court where the child or the prospective adoptive parent(s) within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. 36-1-111(q)(1).
- 2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o).
- 3. The surrender itself is not sufficient to vest custodial or guardianship authority with the prospective adoptive parents. T.C.A. 36-1-111 (r)(2). Upon satisfactory completion of the necessary requirements in Section B. and execution of Parts I and II A. by the parent(s) or legal guardian, the court may enter an Order of Full or Partial Guardianship for the Prospective Adoptive Parent. T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. 36-1-111(u).
- 4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE;

1.	The copies of the surrender filed by the prosp	ective adoptive parent(s) shall be entered in a special docket for surrenders and shall be styled "I
	Re"	(Child's Name) and shall be permanently filed by the court in a separate file for that purpose
	and shall be confidential and shall not be insp	ected by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (a).

2. Within five (5) days of the filing of the surrender in Tennessee, certified copies of Parts I and II of the surrender shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and 4. Please Certify the copies following the certification by the out-of-state clerk.

PART II

				TAKI II	
В.	AC	CEPTANCE OF SURREN	DER BY PROSPECTIVE	ADOPTIVE PARENTS	
STA	ATE (OF)		
		Y OF			
		Being duly sworn according	g to law, affiant(s) would sta	te:	
1.	a. b. c. d.	Prospective Adoptive Mot	ner's Date of Birth her's Marital Status her's Address		
2.	a. b. c. d.	Prospective Adoptive Fath	er's Date of Birther's Marital Statuser's Address		
3.	Up		A. by the parent or guardian accepted agree t	named therein before a Jud to assume responsibility for	ge or Clerk of a Court of Record in the State or
4.	spir	(Name of Child) 2. T.C.A. 36-1-111(u)], and we trual training of this child. 2. following costs have been p			y, financial support, medical care, education, moral, and of this child.
		Amount Paid	To Whom	Date Paid	Type Service/Cost
		7 mount 1 ard	To whom	Dute 1 and	Licensed Child Placing Agency
					Licensed Clinical Social Worker
	_				Legal Counsel
	_				Other Person/Organization Specify:
					Social Counseling Cost for Child's Parent/Legal Guardian
					Legal Counseling for Child's Parent/Legal Guardian
					Hospital or Medical Costs for the Birth of the Child
					Medical Care/Other Birth Related Expenses for Mother and/or Child
					Counseling Fees for Child
	-				Food, Maternity Clothing, Child's Clothing
					Housing and/or Utilities for Parent/Guardian
	_				Other Costs (Specify to Whom)

		TIONS 5a5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> SEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT OR CLERK:
5.	a.	I/We have physical custody of this child; or
	b.	I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached to the acceptance at this time; or
	c.	I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached to the acceptance at this time; or
	d.	Another person or agency currently has physical control of the child. I/We have attached to the acceptance, the affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).
		TIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS ETED BY THE COURT OR CLERK:
6.	Yes	No I/We have attached hereto a currently effective or updated home study or preliminary home study of my/our home ducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
7.	Yes by t	□ No □ I/We have attached the certificate of the completion of (_)legal/(_)social counseling if counseling was requested the surrendering parent. See Item #s 13 and 14 in Part I. □Not Applicable.
8.		No I If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or ex substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC. for Applicable.
9.	chil	No I We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the d's Native American heritage, there has been compliance with the Act. ot Applicable.
SU	BSEC	TION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:
10.		□ No □ a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate npact or the Placement of Children. □Not Applicable.
	b.	If not, how will it be effected?
FU	RTHE	R AFFIANT(S) SAITH NOT
		day of, 20
		Signature of Prospective Adoptive Mother
		Signature of Prospective Adoptive Father
Swe	orn to	and subscribed before me this day of, 20
		NOTARY PUBLIC
Му	comn	nission expires:
		CERTIFICATION OF OUT-OF STATE CLERK
		I,, Clerk of theCourt of(Name of State)

hereb	y certif	y the foregoir	ig copie	s of Parts	I and II	of the	Surrender	r Forms	to be true	and a	accurate	copies of	of the	documents	s filed	with	the co	ourt

Clerk of the	
	County (Parish),
	·
	(Sea
	(Se

CERTIFICATION OF TENNESSEE CLERK

I,	, Clerk of the County, Tennessee, certify the foregoing copies of Par	
and accurate copies of the docu		
	Clerk of the	Court ofCounty, Tennessee.
		(Seal)

PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

AIE (OF)	
ng dul	ly sworn according to law affiant would state:	
I an	n:	
a.	Mother:	, Oi
b.	Father:	, or
c.		
a.	Child's Name:	
	unt ng du I ai a. b. c.	b. Father:

- a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be

Child's Date of Birth:

Child's Sex:

Child's Race: _

Child's Place of Birth: ____

revised periodically by changes to the law.

h

c.

d.

contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].

6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6TH AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including	Birth & Marrie	ed Names)		(Street/Rural	Route/P. O. I	Box)				
(Town/City	·)		(State	e)	(Zip Cod	e)	,			
(Home Tele	ephone No.)	,	(Work Tele	ephone No.)						
Is this address an Yes ☐ No ☐ If				e to you concer	rning your wi	shes regardin	g contact.			
(Street/Rural Rou	ite/P. O. Box)		,	(Town/City)	,	(State)				
(Zip Code)	(Work T	elephone)	,	(H	Home Telepho	one)	•			
Is this address an	address a perso	n requestin	g contact may	use to write t	o you? Yes 🛭	□ No □. If i	no, please	share the ac	ddress to be	used:
(Street/Rural Rou	ite/P. O. Box)		,	(Town/Ci	ty)	(State)				
(Zip Code)	,(Work Te	elephone)		(I	Home Telepho	one)	·			
YES □ NO □. If no, please list t	elephone numb		, that might b	e shared and u			g contact?	YES □ N	0 □.	
If no, please list t (Work Telephone I wish to veto co	elephone numb	er(s), if any	(Home Tel	e shared and u ephone No.)	used to contact	t you.	iay, as may			to hav
If no, please list t (Work Telephone	elephone numb e No.) ontact with the ed records, seale ontact veto by of those person n those classes nt, pursuant to a	adopted pe ed adoption you makes s so that th from this a a search rec	(Home Tel rson and all or records or po the contact we ey cannot be utomatic cover quest, they wi	e shared and u ephone No.) other classes of est adoption re- eto automatica contacted by erage so that the ill have to reg	of eligible per cord to have cally applicable a person eligible will have	sons, who mentact with note to your siblible to have to register a	nay, as may me. lings, linea the records contact ver	y be permit I descendant s opened. to themselv	nts, lineal a You may, I yes or, upon	ncestors nowever location
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8.

(Rule 0250-7-13-.06, continued) [T.C.A. § 36-1-128(c)] I wish to veto contact with: (1) Any future siblings of the adopted person. Yes 🗖 No □ (2) A current spouse Yes 🗖 No ☐ Name of current spouse _ (3) Future spouse of mine Yes 🗆 No 🗖 (4) Any of my lineal descendants Yes 🗆 No 🗖 Please complete the following for any known individuals: Relationship To Address Surrendering Person Street., RR, P. O. Box, Town, State, Zip Name I give consent for the child I am surrendering (adopted person) and ALL other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. \Box I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people: The adopted person Yes 🗖 No \square The adopted person's adoptive parents Yes 🗖 No 🗖 (2) (3) The adopted person's adoptive siblings Yes □ No \square (4) The adopted person's lineal descendants Yes No 🗖 (5) The legal representatives of any of these persons Yes 🗖 No 🗆 If contact is limited to the legal representative of certain classes of persons, please describe: 10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact) Telephone 🗖 _ Letters Personal contact, unannounced \(\bullet \)_ Personal contact, prearranged with me □, either via phone □ or correspondence □ Personal contact through another person 🗖 Please give name, relationship to you, if any, and information to be released regarding how to contact: 11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided): 12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

ELID	тне	AFFIAN'	T SAITH NO	т					
I nis	tne _	aay o	f						
Sign	ature	:	Biological _	Legal _	Mother				
			Legal Guard	Legai _ dian	raulei				
Swo	rn to s	nd cubcaril	had to hafora	me this	day of		20		
SWU	111 10 2	iiu subsciii	bed to before	me uns	day of		, 20		
						Please P	rint:		
							Chancellor,	, Judge, or Cler	k of the
							County or Par	Court of rish, of	PR TERRITORY)
								(STATE C	R TERRITORY)
							at	(CIT	Y)
								`	,
						Signatur	e:	on Cloubs of Count of I	Record Named Above
							Chancenor, Judge	of Clerk of Court of	Record Named Above
						CEDTIFICA	TION		
						CERTIFICA	ATION		
		I,				, Clerk of the		Court o	f
		,	Cou	nty, State o	f	, ce	rtify the foregoing co	opy of Part III of the	f Surrender Forms to be a tr
and	accura	te copy of t	the document	executed be	fore this Cou	rt.			
							State of		
									(Seal)
						PART I	v		
				REVOC	ATION OF	SHERENDER R	Y A PARENT OR O	CHARDIAN	
				REVOC	ATIONOF	SCRRENDER D	I ATAKEMI OK	GUARDIAN	
СТА	TEO	Œ)				
		OF							
D . :				- CC: t	14 -4-4-				
веш	ig aury	sworn acc	ording to law	amant wou	id state:				
1.	I am								
	a. b.								
	c.	Legal Gua	ardian:				, of:		
2.		Child's N	omai						
۷.	a. b.								
	c.	Child's Pl	ace of Birth:						
	d.	Child's Se	ex:						
	e.	Cmia's R	ace:						
	On _			(Dat	e), I executed	d a surrender of my	parental or guardia	nship rights to the chi	ld named in #2 to:
3.		-		(Dat					
3.	a.	Prospectiv	ve Adoptive F	Parent(s)					
3.	b.	Licensed	Child-Placing	Parent(s) g Agency					
3.		Licensed	Child-Placing	Parent(s) g Agency					

(Name of Judge or Clerk and Name of Court)

I hereby revoke and void the surrender of the above-named child

2 noted y 10 to the land to the desired and the desired finance of the desired of
FURTHER AFFIANT SAITH NOT.
This theday of, 20
Signature: Biological Legal Mother Biological Legal Father Legal Guardian:
Sworn to and subscribed before me this day of, 20
This Revocation of Surrender was received by me on the day of, 20
Please Print: Chancellor, Judge, or Clerk of Court of Record of County, State of
Signature (See notes below): Chancellor, Judge, or Clerk of Court of Record

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

b. Please provide the certification on the page following this Revocation form.

If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

Ι,			
County, State ofexecuted before this Court.	, certify the foregoing copy of Part III of	the Surrender Forms to be a true and ac	curate copy of the documen
		Clerk of the	Court of County,
		State of	County,
			(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.07 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BEFORE UNITED STATES FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES IN A FOREIGN COUNTRY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a Tennessee Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services (TDCS) before a United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or LCPA prior to sending the form to the United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to Department or LCPA. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Officer. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORM FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY

TO
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
OR
A LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by an officer of the United States Foreign Service or an officer of the United States Armed Forces authorized to administer oaths prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities	of persons whose names are known be left blank.	The court shall require the
persons executing these documents to prove their identities satisfactor	rily to the court. T.C.A. § 36-1-111(g).	
COUNTRY OF	_)	
CITY OD OTHED I OCATION)	

Bei	ng dul	y swoi	n according to law, affiant would state:			
1.	I an					
	a.	Motl	her:(D	ate of Birth)	,or	
	b. c.	Fath	er:(D al Guardian:(I	Date of Birth)	,or	
	C.	Lega	ii Guardian.	Date of Birtin)	,01.	
2.	a.	Chil	d's Name			
	b.	Chil	d's Date of Birth			
	c. d.		d's Place of Birth			
	e.	Chil	d's Sexd's Race			
3.	This	s child	was born in wedlock □/ out of wedlock □.			
4.	Stat	e the n	ames and relationships of any other legal/biological parent, leg	gal guardian or possible bi	ological parent fo	or this child:
	a.	(1)	Name:			
	и.		Relationship to the child:			
		(3)	Address			
		(4)	City, State Zip			
		(5) (6)	Telephone Number: Home:Work: Other identifying information concerning the above identified	dother legal or biological		parent/legal guardian.
		(0)				– pareno regar guardian.
						_ and
	b.		Name:			
			Relationship to the child:			
		(3)	Address			
		(5)	City, State ZipWork:	•		
		(6)	Other identifying information concerning the above identified	d other legal or biological		parent/legal guardian.
						 and
	c.	(1)	Name:			_ and
	С.		Relationship to the child:			
		(3)	Address			
		(4)	City, State Zip			
		(5) (6)	Telephone Number: Home:Work: Other identifying information concerning the above identified guardian.			parent/legal
5.	The	identi	ty is unknown for the other:			
	a.		ll parent Yes □ No □			
	b.		ogical parent Yes No No			
	c. d.		al guardian Yes □ No □ applicable Yes □ No □			
			••			
6.	The a.		abouts is unknown for the other:			
	b.		ogical parent Yes No No			
	c.	Lega	al guardian Yes □ No □			
	d.	Not	applicable Yes □ No □			

7.	pare	nt/legal guardian has b	concerning the identity, wherea een() or will be given(child is being surrendered.					
8.	Info	rmation Concerning Ch	ild's Native American Heritage	e:				
	a.	Are you or the child o	f Native American heritage?	Yes 🗖	No □			
	b. с.		e for tribal membership? Yes	J No □				
	d. e.		th a Native American tribe?	Yes 🗖	No 🗖			
	f. g.		for tribal membership?	Yes 🗖	No 🗖			
	h. i.		egistered with a Native Americ	an tribe?	Yes 🗖 N	0 🗖		
	j.	This information is ur		Yes 🗖	No 🗖			
9.	a. Yes	Will this child be sent ☐ No ☐ If no, go t	out of Tennessee to another sta o #10.	ate or country	for adoption?	•		
	b.	If yes, name of state o						
	c.	If yes, I understand To	ennessee law will govern the in	terpretation of	this surrende	r.		
10.	nam Yes If no		ed or been promised any money f this child for adoption? following:	y or other remu	neration of th	ning of value in cor	nnection with the birth o	f the above-
		Amount Paid	To Whom	By Whor	n	Date Received/Paid	Type Service/Cost	
		Tara		25 11101		11000110011010	Service, Cost	
								-
								_
11.	a.	Does the child own ar value:	ny real or personal property? Y	Yes □ No □	If yes, ple	ease describe the	property owned and g	ive the property
	b.		child will become possessed of operty, who currently owns the					owner and give
12.	a.	Do you currently have Only legal custody of Only physical custody	the child? Yes	s 🗆 No				
	b.	Both legal and physical If another person(s) ho	al custody of the child? Yes	s □ No	☐ e the followir			
		Relationship, if any, t	to you or the child:					

		Address:						
		Telephone Number (l	Home)	ox) (Town/City) (Work)		(State)	(Zip)	
	c.	If another person(s) ho Name:						
		Name: Relationship, if any, t Address:	o you or the child:					
			(Street, RR, P.O. Bo			(State)	(Zip)	
	d.	Telephone Number (I Is the person(s) who h				No □		
	e.	If a licensed child place your child, give the for Name of Agency:	cing agency, the Depa llowing information:	rtment of Children's	Services or and	other State agency	holds physical and/or legal customers	ody of
		Street/Rural Route/P. Town/City:	O. Box:					
	f.	Do you intend to give	custody to the license	State: ed child placing agenc	y or the Tenne	Zıp: essee Department	of Children's Services?	
	g.	Yes ☐ No ☐ Explain any other circ	cumstances regarding	the custody status of	this child:			
13	a.	Are you aware of assi Yes □ No □	•	•		•	•	
	b.	Do you desire counse parenting from a social Yes \(\sigma\) No \(\sigma\)					other issues surrounding adoptions child for adoption?	n or
	c.	Has such counseling b	een made available to	you? Yes	I No □			
14.	a. b.	Do you desire to be re If not, do you desire to Yes \(\square\) No \(\square\)						
	c.	Has such counseling t	een made available to	you? Yes □	No □			
16.	a.	surrender, you may officer who is here to	revoke or cancel thoday, or his or her s	is surrender by sign uccessor? Yes	ning a paper J No □	called a <u>REVO</u>	n (10) days from the date you CATION OF SURRENDER b	efore the
	b.	By signing the surre	nder of the above na	med child on this d	ate, (Mo/Day	/Yr)	Yr)	ion of the
		revocation period is the tenth (10th) day	ten (10) calendar da falls on a Saturday r legal holiday. If th	ays and will expire , Sunday or legal ho	on the tenth oliday, the las	(10th) day or (M st day for revoca	tion will be the next day whic Mo/Day/Yr)	h is not a
	c.	Department of Chile custody of the child,	lren's Services or L unless the court fin	icensed Child-Placi ds that to do so will	ng Agency wi likely result	ll be required to in immediate ha	ne ten (10) day period, the To return the child, <u>if</u> you curre rm to the health and safety of e legal counsel to represent yo	ntly have the child
17.		owing the above, do you					erson(s) desire to surrender the □ No □	he above-
		FURTHER, AFFIAN	T SAITH NOT.					
		This the day of	20					
		Signature:	Biological Lega	ıl Mother ıl Father				
			Legai Guardian of_				of	
				Name of Child				
		Sworn to and subscrib	oed before me this the	day of	, 20			

		Please Print:
		Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths
		Signature:
		Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths
		PART II
	CURRENTED OF LOWER TO LAND LOCERTURE	
١.	SURRENDER OF A CHILD TO AND ACCEPTANCE TENNESSEE DEPARTMENT CHILDREN'S SERVI	
	PLACING AGENCY BY THE PARENT OR GUARD	
	RESIDING IN A FOREIGN COUNTRY	
co	OUNTRY OF:)
CIT	DUNTRY OF:)
	Being duly sworn according to law ,affiant would state	te:
l.	I am:	
	a. Mother: or	
	b. Father:, or	
	c. Legal Guardian:	of:
2.	a. Child's Name:	
	b. Child's Date of Birth:	
	c. Child's Place of Birth:d. Child's Sex:	
	e. Child's Race:	
3.	and ended; that this child will be placed for adoption by _	ny parental or guardianship rights to the child named above will be forever terminated, a
	Licensed Child-Placing Agency, or by the Tennessee Department of Children's Services at further right to see this child, or to act as parent of this child	nd that the child will be adopted by other persons, and that I will have no l, or to otherwise be involved in the life of this child.
1.	I understand that by signing this document, I will not be ent proceedings for the adoption of my child by other persons.	titled to any notice, legal or otherwise, of any other legal
5.		ent and fully understand that if I change my decision to surrender this child I must do presenting the Revocation of Surrender Form, attached to this document, to the er successor.
	b. By my signature to this part, I acknowledge receipt of	f a copy of the Revocation of Surrender form.
ó.	I FREELY AND VOLUNTARILY, WITHOUT DURE GUARDIANSHIP RIGHTS TO	ESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
	TO:	JAME)
		47 AT CD.
	a. Licensed Child-Placing AgencybTennessee Department of Children's Services (Please)	
	FURTHER AFFIANT SAITH NOT.	
	This the day of, 20	
	Signature: Biological, Legal Mothe	er
	Biological_, Legal_ Father	A
	Legal Guardian	

(Rule 0250-7-1307, continued)	
Sworn to and subscribed before me this the day	of, 20
	Please Print: Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths
*See Notes Below Before Signing	Signature: Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths

NOTES TO THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older.
- 2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath <u>prior</u> to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T.C.A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. 36-1-111(n).
- 4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. T.C.A. 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- 1. Parts I and II of the surrender forms received pursuant to T.C.A. 36-1-111(i) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee whichever is earlier. T.C.A. 36-1-111(q)(1).
- 2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. 36-1-111(n).
- 3. The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A. by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. 36-1-111(r)(6)(C). This should be done within thirty (30) days of the filing of the surrender. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE:

١.	The copies of the surrender forms filed by the lashall be entered in a special docket for surrende	licensed child-placing agency or the Tennessee Department of Children's Services with this court rs and shall be styled
	"In Re	" and shall be permanently filed by the court in a separate file for that purpose,
	(Child's Name)	
	and shall be confidential and shall not be inspec	cted by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (2).

2. Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1)(2) and (4). Please Certify the copies on the page following the certification given by the officer taking the surrender.

PART II

B. ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY OR TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

ST.	ATE (OF) Y OF)		
CU	ONI			
		Being duly sworn according to law, affiant v	vould state:	
1.	I,	, an au	thorized representative of:	
	a.	Licensed Child-Placing Agency		· or the
	b.	County Tennes	ssee Department of Children's S	Services, upon execution of Parts I and II A. by the parent or
		guardian named therein before a U. S. Foreig the surrender of:	gn Service Officer or Officer of	the U.S. Armed Forces authorized to administer oaths, accep
	c.	Name of Child	DATE:	
			Please Print:	
				Name and Title of Authorized Representative
			Signature:	
			oigilitare	Signature of Authorized Representative
<u>М</u> [ГН	J <u>ST</u> E E U. S	XIST BEFORE THE SURRENDER CAN S. ARMED FORCES:	BE RECEIVED BY THE U.	BLE SITUATION. ONE OF THOSE SUBSECTIONS S. FOREIGN SERVICE OFFICER OR OFFICER OF
2.	I	certify oncertify on	behalf of:	(Name of Agency):
	or th			(Name of Agency),
		Tennessee Department of Children's Service		
	a. b.	That my agency has physical custody of That my agency has received the affida	tnis cniid; or vit required by § 36-1-111 (d)(6	concerning the right to receive custody from the surrendering
		parent or guardian within five (5) days of the	e date of this surrender. The affi	davit of the custodial parent or guardian to that effect has beer
	c.	attached with this acceptance at this time; or		is or her release from a hospital or health care facility, and the
	С.	affidavit of the custodial parent or guardian	to this effect required by § 36-1	-111 (d)(6) has been attached with this acceptance at this time
	a	Of That another person or agency has pl	hygiaal augtody of the shild. Th	o officiarit of that person or accordy required by \$ 26.1.111
	d.		ght to custody of the child upon	ne affidavit of that person or agency required by § 36-1-111 entry of an order of guardianship pursuant to § 36-1-136(r) has
	Yes beer Yes Form	DER IS COMPLETED BY THE U. S. FO ☐ No ☐ That if the Indian Child Welfare Act ☐ compliance with the Act. ☐ Not Ap ☐ No ☐ (Licensed Child-Placing Agency O	t, 25 U.S.C. § 1901 et seq., appliphicable Only) I have presented to the co	KED "NOT APPLICABLE" BEFORE THE A OR OFFICER OF THE U. S. ARMED FORCES. ies because of the child's Native American heritage, there has a copy of the Interstate Compact on the Placement of Children ICPC Form 100A is not available, explain why this is no
		□Not Applicable		
FU.	RTHE	R AFFIANT SAITH NOT.		
		_ day of, 20		
		•		
		Please Print:	Name and title of authorized r Services or a Tennessee Licen	epresentative of Tennessee Department of Children's sed Child-Placing Agency
		Signature:		
a			.	
ŚW	orn to	and subscribed before me this day of	, 20	-
				NOTARY PUBLIC

Му	comm	ission expires:
		CERTIFICATION OF U. S. FOREIGN SERVICE OFFICER
		OR OFFICER OF THE UNITED STATES ARMED FORCES
		I an Officer of the II. S. Ferrier Service on the Officer of the United States Armed
For	ces, he	I,an Officer of the U. S. Foreign Service oran Officer of the United States Armed reby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents executed and filed
with	n me.	
		Name and Title of U. S. Foreign Service Officer or Officer of the United States Armed Forces
		Officer of the Officer States Affiled Porces
		CERTIFICATION OF TENNESSEE CLERK
		I, Court of County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true
and	accura	County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true atte copies of the documents filed with this Court.
		Clerk of the Court of
		County, Tennessee.
		(Seal)
		PART III CONTACT VETO REGISTRATION
		T.C.A. § 36-1-111(k)(3)
CT.	TE C	OF)
CO	UNT	Y OF
Rei	ng dub	y sworn according to law affiant would state:
1.		
	a.	Mother:, or
	b. с.	Father:
2.		
۷.	a. b.	Child's Name:Child's Date of Birth:
	c.	Child's Place of Birth:
	d.	Child's Sex:
	e.	Child's Race:
3.	a.	I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible
		persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those
		records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their
		legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-
		one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
	b.	I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those
		requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact
		veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available
		to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or

attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-120].

- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO INSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including	g Birth & Marrie	d Names)	(Stre	et/Rural Route/P. C	D. Box)			
(Town/Cit	y)		(State)	(Zip Co	ode)	_,		
(Home Te	ephone No.)	,	(Work Telephon	e No.)				
	Is this address an address the department may use to write to you concerning your wishes regarding contact. Yes No If no, please share address to be used:							
(Street/Rural Ro	ute/P. O. Box)		,(Tow	/n/City)	(State)	-		
(Zip Code)	(Work Te	lephone)	,	(Home Telep	phone)			
Is this address a	address a perso	n requestin	g contact may use t	o write to you? Ye	s □ No □. If no,	, please share the address to be used:		
(Street/Rural Ro	ute/P. O. Box)		,	Town/City)	(State)	-		
(Zip Code)	,(Work Te	lephone)	,	(Home Telep	ohone)			
(Work Telephor		,	e shared and used (Home Telephor	·				
				sses of eligible pers option record to hav		may be permitted by law, to have		
and the spouses You may, howe themselves or, u	of those persons ver, exclude pers pon location by	so that they ons in those he departm	cannot, without the classes from this	eir consent, be cont automatic coverage earch request, will	acted by a person of so that they will have	lineal descendants, lineal ancestors, eligible to have the records opened. ave to register a contact veto contact veto at the time. [T.C.A. § 36]		
		atic contact	veto the following	;:				
(1) My sibling		Yes 🗆	No 🗖					
(2) My lineal(3) My lineal	descendants:	Yes □ Yes □	No □ No □					
(4) The spous		100	140 🗅					
		_						
(a) sibli	ngs	Yes 🗖	No 🗖					
	ngs l descendants	Yes □ Yes □	No □ No □ No □					

8.

Please complete the following for any known individuals:

d. I wish to veto contact with: [T.C.A. § 36-1-128(c)] (1) Any turue siblings of the adopted person. Yes □ No □. (2) A current sposse Yes □ No □ Sime of current sposse □ (3) Future spotse of mine Yes □ No □ (4) Any of my lineal descendants □ Yes □ No □ Please complete the following for any known individuals: Relationship To Surrendering Person Street, RR, P. O. Box, Town, State, Zip □ No □ Name Surrendering Person Street, RR, P. O. Box, Town, State, Zip □ No □ b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people: (1) The adopted person is adoptive parents Yes □ No □ (2) The adopted person is adoptive siblings Yes □ No □ (3) The adopted person is adoptive siblings Yes □ No □ (4) The adopted person is adoptive siblings Yes □ No □ (5) The [agal prepresentative of any of these persons Yes □ No □ (6) The adopted person is contact with the following classes of people: (7) If contact is limited to the legal representative of certain classes of persons, please describe: Wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitation qualifications to these methods of contact) Telephone □ Personal contact, unannounced □ Personal contact, perarranged with me □, either via phone □ or correspondence □ Personal contact, perarranged with me □, either via phone □ or correspondence □ Personal contact, perarranged with me □, either via phone □ or correspondence □ Personal contact, perarranged with me □, either via phone □ or correspondence □ Personal contact, perarranged with me □, either via phone □ or correspondence □ Personal contact, perarranged with me □, either via phone □ or correspondence □ Personal contact, perarranged with me □, either via phone □ or correspondence □ Pers		Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip
(1) Any future sibilings of the adopted person. Yes \ \text{No} \ \]. (2) A current spouse \ \text{No} \ \text{No} \ \text{No} \ \text{No} \ \text{Current spouse} \ \text{Sol No} \ \text{No} \ \text{Please complete the following for any known individuals:} Please complete the following for any known individuals: Relationship To				
(1) Any future sibilings of the adopted person. Yes \ \text{No} \ \]. (2) A current spouse \ \text{No} \ \text{No} \ \text{No} \ \text{No} \ \text{Current spouse} \ \text{Sol No} \ \text{No} \ \text{Please complete the following for any known individuals:} Please complete the following for any known individuals: Relationship To				
(1) Any future sibilings of the adopted person. Yes \ \text{No} \ \]. (2) A current spouse \ \text{No} \ \text{No} \ \text{No} \ \text{No} \ \text{Current spouse} \ \text{Sol No} \ \text{No} \ \text{Please complete the following for any known individuals:} Please complete the following for any known individuals: Relationship To				
(1) Any future sibilings of the adopted person. Yes \ \text{No} \ \]. (2) A current spouse \ \text{No} \ \text{No} \ \text{No} \ \text{No} \ \text{Current spouse} \ \text{Sol No} \ \text{No} \ \text{Please complete the following for any known individuals:} Please complete the following for any known individuals: Relationship To	a	Luciek to vote contact with ITCA	\$ 26.1.139(a)]	
Please complete the following for any known individuals: Relationship To	u.	(1) Any future siblings of the adopted per(2) A current spouse Yes □ No □ Nam	son. Yes □ No □. e of current spouse	
Address Name Surrendering Person Street., RR, P. O. Box, Town, State, Zip Surrendering Person			Yes □ No □	
a. I give consent for the child I am surrendering (adopted person) and ALL other classes of eligible persons who, as may be permitte law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people: (1) The adopted person or subject persons adoptive parents		Please complete the following for any know	n individuals:	
law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people: (1) The adopted person		Name		
law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people: (1) The adopted person				
law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people: (1) The adopted person				
law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people: (1) The adopted person				
law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people: (1) The adopted person				
I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitation qualifications to these methods of contact) Telephone Letters Personal contact, unannounced Personal contact, prearranged with me , either via phone or correspondence Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided):	b.	 The adopted person The adopted person's adoptive parent The adopted person's adoptive sibling The adopted person's lineal descendant 	Yes □ No □ s Yes □ No □ ts Yes □ No □ ts Yes □ No □ nts Yes □ No □	h the following classes of people:
qualifications to these methods of contact) Telephone	c.	If contact is limited to the legal representation	ve of certain classes of persons, plea	ise describe:
Personal contact, unannounced Personal contact, prearranged with me , either via phone or correspondence Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact through another person.	qual Tele	ephone \Box		
provided):	Pers Pers	sonal contact, unannounced \(\square\)sonal contact, prearranged with me \(\square\), either v	via phone □ or correspondence □	
provided):				
provided):				
Should you wish no contact with any other clicible persons but wish to share a statement of your feelings or siroumstances which impact				
Should you wish no contact with any other clicible persons but wish to share a statement of your feelings or siroumstances which impact				
	C1-	uld von wich no contact with any other 12. 2	do monogo but with to the or	amont of your facilines or simulation which

(Ru	ule 0250-7-1307, continued)
13.	I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children Services.
FUF	RTHER AFFIANT SAITH NOT.
This	s the day of, 20
Sign	nature: Biological Legal Mother Biological Legal Father Legal Guardian
Swo	orn to and subscribed to before me this day of, 20
	Please Print: U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
	Signature:
	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
	CERTIFICATION
	I,, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location), certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate
copy	y of the document executed before me.
	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
	C.S. Poleigh Service Officer of the C.S. Affica Poleis
	PART IV
	REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN
CO	UNTRY TY OR OTHER LOCATION
CH	
	Being duly sworn according to law affiant would state:
1.	I am: a. Mother:, or
	b. Father:, or c. Legal Guardian:, of:
2	
2.	a. Child's Name: b. Child's Date of Birth:
	c. Child's Place of Birth:
	d. Child's Sex:e. Child's Race:
3.	On (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
٥.	a. Prospective Adoptive Parent(s)
	b. Licensed Child-Placing Agency c. Tennessee Department of Children's Services
4.	The surrender was executed before: (Name of U.S. Foreign Service Officer of the U.S. Armed Forces)
5.	I hereby revoke and void the surrender of the above-named child.
	·
	RTHER AFFIANT SAITH NOT.
This	s the day of, 20

Signature:	Biological	Legal	Mother	
orginature.	Biological Legal Guardia	Legal	Father	
Sworn to a	C		day of	, 20
				he day of, 20
				·
		Please I	rint:	
			Forces	U.S. Foreign Service Officer or Officer of the U.S. Armed
	Sig	nature (See note	es below):	
			Forces	U.S. Foreign Service Officer or Officer of the U.S. Armed
NOTES T	O COURT, O	R OTHER PER	SON AUTH	HORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:
revoluterrit anoth the s	cation, or in the cory this would be the state or countries are that	absence of the be the chancellostry, or before the person is unavai	judge or his r, judge, or cl e warden of a lable, the rev	render is unavailable or absent, the successor or substitute to that judge or person may accept the sor her successor, another judge with jurisdiction to receive a surrender (in another state or clerk of a court of record) may accept the revocation. In the event the surrender was taken in a state or federal penitentiary and there is no authorized successor to the person who received vocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a comestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
surre	ender. T.C.A. §	36-1-112(a)(1). the tenth (10th)	The revocati	days including Saturdays, Sundays and legal holidays following the original execution of the tion period will begin on the day following the signing of the surrender and will expire on the turday, Sunday or legal holiday, the last day for revocation will be the next day which is not a
with mail pare	the original of t , return receipt re	he surrender or equested, send co office of the Te	the adoption ertified copies nnessee Dep	Il maintain the originals in the office of the clerk or the person receiving the surrender together a petition containing the parental consent, if available, and shall personally give, or by certified es of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive partment of Children's Services or the licensed child-placing agency to whom the child was
4. a.				attached to a certified copy of the surrender or the petition for adoption containing the parental in three (3) days by certified mail, return receipt requested to:
				Tennessee Department of Children's Services Central Office Adoption Services 436 6 th Avenue North Nashville, TN 37243-1290
	<u>See</u> , T.C.A. § 3	6-1-112(c)(2).		
b.	Please provide	the certification	on the page fo	following this Revocation form.
not f when	filed, the originate the adoption	l of the revocati petition was file	on shall be sed and that c	t or person before whom the surrender was not executed or in which the adoption petition was sent within three (3) days to the court or person before whom the surrender was executed or court or person shall be responsible for sending the forms to the Tennessee Department of sons or agencies in #3 entitled to copies of the revocation. <u>See</u> , T.C.A. § 36-112(c)(2)(B).
				CERTIFICATION
the Revoca	I,ation of Surrende			U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location), certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of
				U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.08 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BEFORE A UNITED STATES FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES IN A FOREIGN COUNTRY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption directly to prospective adoptive parents before a United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Officer. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORM FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by an officer of the United States Foreign Service or an officer of the United States Armed Forces authorized to administer oaths prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

		RY OF)	
		Being duly sworn according to law, affiant would state:		
1.	I an	n:		
	a.	Mother:	(Date of Birth)	,or
	b.	Father:	(Date of Birth)	, or
	c.	Legal Guardian:	(Date of Birth)	, of:
2.	a.	Child's Name		
	b.	Child's Date of Birth		
	c.	Child's Place of Birth		
	d.	Child's Sex		
		Child's Page		

3.	This	child	was born in wedlock \square / out of wedlock \square .	
4.	Stat	e the n	names and relationships of any other legal/biological parent, legal guardian or possible biological parent for	this child:
	a.	(1)	Name:	
		(2)	Relationship to the child:	
		(3)	Address	
		(4)	City, State ZipWork:	
		(5)	Other identifying information concerning the above identified other legal or biological	
		(6)	Other identifying information concerning the above identified other legal or biological	parent/legal guardian.
				and
	b.	(1)	Name:	
		(2)	Relationship to the child:Address	
		(4)	City, State Zip	
		(5)	Telephone Number: Home:Work:	
		(6)		
		pare	nt/legal guardian.	
				-
				- and
				and
	c.	(1)	Name:	
		(2)	Name:	
		(3)	Address	
		(4)	City, State Zip	
			Telephone Number: Home:Work:	
		(6)	Other identifying information concerning the above identified other legal or biological nt/legal guardian.	
		pare	in regai guardian.	
				-
				-
5.	The	identi	ty is unknown for the other:	
٥.	a.	Lega	al parent Yes \(\Pi\) No \(\Pi\)	
	b.	Biol	ogical parent Yes \(\text{No} \)	
	c.	Lega	l guardian Yes □ No □	
	d.	Not	Al parent	
6.	The	whore	eabouts is unknown for the other:	
0.	a.	Legs	abouts is unknown for the other.	
	b.	Biol	ogical parent Yes \(\text{No } \)	
	c.	Lega	al guardian Yes No	
	d.	Not	Al parent	
7.	pare	nt/leg	at all information concerning the identity, whereabouts, and social and medical history concerning the all guardian has been () or will be given () to the prospective adoptive parents to whom the above child inducting the adoptive home study, or to the attorney for the prospective adoptive parents.	
8.	Info	rmatic	on Concerning Child's Native American Heritage:	
	a.	If no	you or the child of Native American heritage? Yes ☐ No ☐ No go to # 9.	
	b.		ss, are you eligible for tribal membership? Yes \(\sigma \) No \(\sigma \) ss, give name of tribe	
	c. d.	Are	you registered with a Native American tribe? Yes No	
	e.		es, give name of tribe.	
	f.		our child eligible for tribal membership? Yes No	
	g.	If ye	es, give name of tribe.	
	h.		your child been registered with a Native American tribe? Yes \(\square\) No \(\square\)	
	i.	If ye	ss, give name of tribe.	
	j.	This	information is unknown. Yes ☐ No ☐	
9.	a.		this child be sent out of Tennessee to another state or country for adoption? If no, go to #10.	

	b.	If yes, name of state or c	country.			
	c.	If yes, Tennessee law wi	ill govern the interpretati	ion of this surrender.		
10.	nam Yes If no	re you been paid, received ned child or placement of the No Oo, go to #11. es, please complete the foll	his child for adoption?	money or other remuner	ation of thing of value in cor	nnection with the birth of the above-
		Amount			Date	Type
		Paid	To Whom	By Whom	Received/Paid	Service/Cost
			•	•	•	
11	a.	Does the child own any Yes □ No □ If yes, please describe th				
	b.	If yes, please describe p give the property value:		owns the property, the ti	property? Yes No me and circumstances under	which the child becomes owner and
12.	a. b.	Do you currently have: Only legal custody of the Only physical custody o Both legal and physical If another person(s) hold Name:	f the child? Yes \(\sigma\) No custody of the child? Yes legal custody of the ch	es No ild at this time, give the	following information:	
			you or the child:			
		Address:(Street_RR	P.O. Box) (Town/City)	(State)	(Zip)	
		Telephone Number (Ho	ome)(V	Work)	. 17	
	c.			•	he following information:	
		Address:	you or the child:			
		(Street, RR,	P.O. Box) (Town/City)	(State)	(Zip)	
	d.	Telephone Number (Ho Is the person(s) who hole	ome) (W	ork) ve adoptive parent? Ves	П NoП	
	e.	If a licensed child placing your child, give the follow. Name of Agency:	ng agency, the Department owing information:	ent of Children's Service	es or another State agency ho	olds physical and/or legal custody of
		Street/Rural Route/P.O	. Box:		Zip:	
	f.	Do you intend to give cu	istody to the prospective	adoptive parents? Ye	s 🗖 No 🗖	
	g.	Explain any other circum	nstances regarding the co	ustody status of this chil	d:	
13	a.	Are you aware of assista			e child should you desire to pa	
	b.				ailable to you or regarding of	other issues concerning adoption or adoption? Yes ☐ No ☐

	c. d.	Yes I No If so, has s	o 🗍 If not, g such counseling	o to #14.		to provide such counseling for you? by the prospective adoptive parents?		
14.	a. b. c.	If not, do y Have you	sire to be repre you desire to co	onsult with prospective	legal counsel pri	is surrender proceeding? Yes No or to the execution of the surrender of the chil to provide such counseling for you?	d? Yes □ No □	
	d.		such counseling		le available to yo	by the prospective adoptive parents?		
15.	chilo	l in any m	anner whatso	ever fore		nder of the above-named child that you wights and responsibilities to and with the \square No \square		
16.	a.	surrender	r, you may re	voke or ca		hild, do you understand that within ten der by signing a paper called a <u>REVOC</u> Yes		
	b.	By signing	g the surrend	er of the a	bove named chi	d on this date, (Mo/Day/Yr)signing of the surrender, or (Mo/Day/Y	, the period of re	evocation of the
		surrender	r will begin o n poriod is to	n the day	y following the	signing of the surrender, or (Mo/Day/Y) vill expire on the tenth (10th) day or (Mo	r) /Dov/Vr)	<u>The</u> . If
		the tenth Saturday,	(10th) day fal	ls on a Sa gal holida	nturday, Sunday ny. If this is the	or legal holiday, the last day for revocati situation in this case, that date will be (M	ion will be the next day	y which is not a
	c.	parents w	vill be require ult in immedi	d to retur ate harm	n the child, <u>if</u> y to the health a	ntion of Surrender form within the ten (10 ou currently have custody of the child, <u>ur</u> d safety of the child, and that you may opresent you in that proceeding? Yes	nless the court finds the contest this decision no	at to do so will
17.						chout duress or pressure by any other per on and adopted by the prospective adoptive		
			T SAITH NO					
		ature:			Mother			
	o igiii	iture.	Biological	_ Legal	_ Father			
			Legal Guardi	an of			_ of	
				-		Name of Child		
Swo	rn to a	and subscrib	oed before me	this the	day of	, 20		
						Please Print:		
						Name and Title of Officer of the Foreigr Armed Forces Authorized to Administer		
						Signature:	n Service or the United	
						PART II		

A. SURRENDER OF CHILD DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BY PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY

(Rule 0250-7-13-.08, continued) COUNTRY OF CITY OR OTHER LOCATION OF _ Being duly sworn according to law affiant would state: I am: a. Mother: _____ b. Father: _ c. Legal Guardian: ____ Child's Name:_ a. Child's Date of Birth: c. Child's Place of Birth:_____ Child's Sex:___ d. Child's Race:_ I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by_ ___[Name(s) of prospective adoptive parent(s)], and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____ (Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor. b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _ (CHILD'S NAME) TO: Prospective Adoptive Mother___ Prospective Adoptive Father__ FURTHER AFFIANT SAITH NOT. This the ___ day of ___ Biological___ Legal___ Biological___ Legal___ Mother ___ Signature: Father _____ Legal Guardian_ Sworn to and subscribed before me this the ____ day of ______, 20__.

Name and Title of Officer of the Foreign Service or the United

States Armed Forces Authorized to Administer Oaths

Signature:

Please Print:

Name and Title of Officer of the Foreign Service or the United States Armed Forces Authorized to Administer Oaths

NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
- A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T.C.A. § 36-1-111(k).
- When applicable, as noted in Section B., all provisions of Section B. must be completed prior to your signing of the Surrender in Section A. T.C.A. § 36-1-111(k), (m) and (o).
- Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Parts I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page

*See Notes Below Before Signing

following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-0009.

5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- 1. Parts I and II of the surrender forms surrender received pursuant to T.C.A. § 36-1-111(i) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- 2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o).
- 3. The surrender itself is not sufficient to vest custody or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below, and execution of Parts I and II A. by the parent or legal guardian, the court may enter an Order of Full or Partial Guardianship for the prospective adoptive parent(s). T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T. C. A. § 36-1-111(u).
- 4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE;

	,	
١.	shall be styled "In Re	e adoptive parent(s) with this court shall be entered in a special docket for surrenders and and
	(Chi	ld's Name)
		e for that purpose, and shall be confidential and shall not be inspected by anyone else
2.	Adoptions Services, Tennessee Department of Childre	r, a certified copy Parts I and II filed with this court shall be sent, without cost, to en's Services 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1 ag the certification by the U. S. Foreign Service Officer or Officer of the U. S. Armed
		PART II
3.	ACCEPTANCE OF SURRENDER BY PROSPECT	IVE ADOPTIVE PARENTS
ST.	ATE OF) DUNTY OF) Being duly sworn according to law, affiant(s) would	d state:
١.	a Lam	Prognactive Adaptive Methor
١.	a. I amb. Prospective Adoptive Mother's Date of Birth	, Frospective Adoptive Modiler.
	c. Prospective Adoptive Mother's Marital Status d. Prospective Adoptive Mother's Address	
	d. Prospective Adoptive Modier's Address	
,	a. I am	, Prospective Adoptive Father.
•	b. Prospective Adoptive Father's Date of Birth	, 1100peta to 11dapa to 11dae
3.		dian named herein before a U. S. Foreign Service Officer or Officer of the Armed Force

responsibility for obtaining guardianship of _

custody, financial support, medical care, education, moral, and spiritual training of this child.

(Name of Child) order within thirty (30) days of the date of this surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care,

through court

4.	The following costs have been	en paid by for activitien (me/us)	es involving the placement of thi	s child.
	Amount Paid	To Whom	Date Paid	Type Service/Cost
	Amount I aid	TO WHOIII	Date I aid	Licensed Child Placing Agency
				Licensed Clinical Social Worker
				Legal Counsel
	-			Other Person/Organization Specify:
				Social Counseling Cost for Child's Parent/Legal Guardian
				Legal Counseling for Child's Parent/Legal Guardian
				Hospital or Medical Costs for the Birth of the Child
				Medical Care/Other Birth Related Expenses for Mother and/or Child
				Counseling Fees for Child
				Food, Maternity Clothing, Child's Clothing
				Housing and/or Utilities for Parent/Guardian
				Other Costs (Specify to Whom)
5. A	aI/We have phy bI/We will rece	IZED TO ADMINISTER OA sical custody of this child; or ive physical custody of the chi 36-1-111 (d)(6) of the custodial	ld from the parent or legal gua	ardian within five (5) days of this surrender. The has been attached with the acceptance at this time
	cI/We have the affidavit of the custodia or	right to receive physical custody il parent or guardian to this effec	y of the child upon his or her rect required by § 36-1-111 (d)(6)	lease from a hospital or health care facility, and the has been attached with the acceptance at this time
		ired by § 36-1-111 (d)(6) whi		have attached to the acceptance an affidavit of the he right to custody of the child upon entry of
		ANSWERED "YES" OR <u>MUS</u> OREIGN SERVICE OR ARM		LICABLE" BEFORE THE SURRENDER IS
6.		ttached a currently effective or a licensed clinical social worker		nary home study of my/our home conducted by of Children's Services.
7.		attached the certificate of the coats 13. and 14. above in Part I.	ompletion of () legal/() soc	cial counseling if counseling was requested by th
8.		s to be brought into Tennessee CPC compliance or a sworn state		e have attached a copy of the ICPC 100A or othe not required by the ICPC.
9.		ttached a statement that if the I ere has been compliance with the		S.C. § 1901 et seq. applies because of the child'

SUBSECTION 10 $\underline{\text{MUST}}$ BE ANSWERED "YES", OR ITEM b. $\underline{\text{MUST}}$ EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

 Yes ☐ No ☐ a. If the child is to be removed from Tenness Compact or the Placement of Children. ☐Not Applicable 	see for adoption in another state, there has been compliance with the Interstate e.
b. If not, how will it be effected?	
FURTHER AFFIANT(S) SAITH NOT This day of, 20	
This day of, 20	
	Signature of Prospective Adoptive Mother
	Signature of Prospective Adoptive Father
Sworn to and subscribed before me this day of	, 20
	NOTARY PUBLIC
My commission expires:	
	F U. S. FOREIGN SERVICE OFFICER
OR OFFICER OF TH	IE UNITED STATES ARMED FORCES
I,, Forces, hereby certify the foregoing copies of Parts I and II of the with me.	_an Officer of the U. S. Foreign Service or _an Officer of the United States Armed Surrender Forms to be true and accurate copies of the documents executed and filed
	Name and Title of U. S. Foreign Service Officer or Officer of the United States Armed Forces
<u>CERTIFICAT</u>	TION OF TENNESSEE CLERK
I. Clark	of the Court of
County, Tennes and accurate copies of the documents filed with this Court.	of the Court of ssee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true
	Clerk of the Court of
	County, Tennessee.
	(Seal)
	PART III CT VETO REGISTRATION C.A. § 36-1-111(k)(3)
STATE OF	
COUNTY OF	

1.	I an a.	Mother:		or
	b.	Father:		
	c.	Legal Guardian:		of:
2.		Child's Name		
2.	a. b.	Child's Name:Child's Date of Birth:		
	c.	Child's Place of Birth:		
	d.	Child's Sex:		
	e.	Child's Race:		
3.	a.	persons who, as may be permitted by law, may have records in any other information. Those eligible plegal representative, the adopted person's birth or a	we access to the sealed records, sersons currently include the additional parents or step-parents,	g (adopted person) and by certain other classes of eligible sealed adoption records or post adoption records and those pted person twenty-one (21) years of age or older or their the birth or adopted siblings or lineal descendants twenty C.A. § 36-1-127(c)]. The class of eligible persons may be
	b.	requesting persons or any agent or other person a veto except as permitted by law. The sealed adopt to the requesting party only after completion by attempt to contact, in any manner, by themselves oveto until the Department has completed a search contact with the requesting party. [T.C.A. §§ 36-shall be guilty of a Class B misdemeanor [T.C.A shall have a cause of action in the Circuit or Char	cting in concert with those required record or post-adoption record the requesting party of a sword or in concert with any other persor of the Contact Veto Registry to 1-127(f); 36-1-130 and 36-1-1 § 36-1-132]. I also understand active Court for injunctive relief	erwise shall be made in any manner whatsoever by thos testing persons, with any person eligible to file a contact ord requested by eligible persons shall be made available in statement agreeing that he or she shall not contact of ones or entities, any of the persons eligible to file a contact of determine the willingness of the person sought to have 31]. The person making contact in violation of the law and that should I be contacted after filing a contact veto, and damages, including both compensatory and punitive to contact, or caused me to be contacted [T.C.A. § 36-1]
4.	I un	derstand that contact with me by an eligible person i	s governed by filing my intention	ons with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the not to file a contact veto at this time, but wish to do so later, I understand I may do so, but w 36-1-129(b)]. I understand that should there be a request for contact with me and I have contacted and informed by the Department of Children's Services to determine my desire opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].		, but will be required to pay the necessary fees [T.C.A. have vetoed contact with any eligible person, I will b		
6.	wisl		36-1-111(k)(3)(B); § 36-1-127	any, with the eligible persons and the means of contact (-36-1-131). In doing so, I understand I must write to the Registry:
		CONTACT VETO REGISTRY POST ADOPTION SERVICE TENNESSEE DEPARTMENT OF CHILDRE 436 6th Avenue North NASHVILLE, TENNESSEE 37243-1290	N'S SERVICES	
7.	a.	PLEASE COMPLETE THE FOLLOWING S DEPARTMENT CONCERNING YOUR INT		
		THIS INFORMATION MUST BE UPDATED BE MADE.	WITH THE DEPARTMEN	T TO ENSURE THAT FUTURE CONTACT CAN
		Name (Including Birth & Married Names)	(Street/Rural Route/P. 0	O. Box)
		(Town/City)	(State)	, (Zip Code)
		(Home Telephone No.)	(Work Telephone No.)	
	b.	Is this address an address the department may use Yes ☐ No ☐ If no, please share address to be use		wishes regarding contact?
		(Street/Rural Route/P. O. Box)	(Town/City)	(State)
		(Zip Code) (Work Telephone)	(Home Tele	phone)

	Is this address an address a person	
	(Street/Rural Route/P. O. Box)	(Town/City) (State)
	(Zip Code) (Work Tele	none) (Home Telephone)
d.	YES □ NO □. If no, may the list	ers the department may use to contact you? It telephone numbers be shared with eligible persons requesting contact? ephone number(s), if any, that might be shared and used to contact you.
	(Work Telephone No.)	Home Telephone No.)
a.		pted person and all other classes of eligible persons, who may, as may be permitted by law, doption records or post adoption record to have contact with me. \Box
b.	and the spouses of those persons sexclude persons in those classes from	makes the contact veto automatically applicable to your siblings, lineal descendants, lineal and that they cannot be contacted by a person eligible to have the records opened. You may, he in this automatic coverage so that they will have to register a contact veto themselves or, upon larch request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. any of these persons.
c.	 (2) My lineal descendants: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendants 	contact veto the following: es □ No □
	Please complete the following for any	known individuals:
	Name	Relationship To Address Surrendering Person Street. RR, P. O. Box, Town, State, Zip
d.	(1) Any future siblings of the add(2) A current spouse	C.C.A. § 36-1-128(c)] ted person. Yes □ No □. es □ No □ Name of current spouse es □ No □ Yes □ No □
	Please complete the following for any	known individuals:
	Name	Relationship To Address Surrendering Person Street. RR, P. O. Box, Town, State, Zip
a.		rrendering (adopted person) and <u>ALL</u> other classes of eligible persons who, as may be permiords, sealed adoption records or post adoption record to have contact with me.
	, to have access to the search to	suopuon recorde or post adoption record to mare contact with me.
b.	I wish to limit consent to certain p	rsons and only give consent for contact with the following classes of people:

		(3) The (4) The	adopted person's lin	otive parents Yes No Dotive siblings Yes No No Dotive siblines Yes No Dotive siblings Yes No Dotive siblings Yes No
	c.		is limited to the legal	representative of certain classes of persons, please describe:
10.	qualit Telep Lette Perso	fications to bhone rs onal contact	wing types of contact these methods of contact, unannounced	by those persons requesting contact with me: (Please check all that apply and indicate any limitations of tact)
				on. Please give name, relationship to you, if any, and information to be released regarding how to contact:
11.	Other provi		on I wish to have rele	ased about me to any eligible persons (please identify to whom and the contents of the information to be
12.			h no contact with any share that information	other eligible persons but wish to share a statement of your feelings, or circumstances which impact your here:
	Servi	ces.	t that this information	be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children
This	the	day o	of	20
Sign	ature:	:	Biological Leg Biological Leg Legal Guardian _	ll Father
Swo	rn to a	nd subscri	bed to before me thi	day of, 20
			Please	Trint: U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
			Signate Forces	U.S. Foreign Service Officer or Officer of the U.S. Armed
				CERTIFICATION
	I,			, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location) , certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate
copy	of the	document	executed before me.	
				U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

	UNT FY O	RYR OTHER LOCATION	
		Being duly sworn according to law affiant w	
1.	I an	n·	
٠.	a.	Mother:	Or
	b.	Father:	
	c.	Legal Guardian:	, of:
2.	a.		
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
3.	On	(Date), I exe	ecuted a surrender of my parental or guardianship rights to the child named in #2 to:
	a.	Prospective Adoptive Parent(s)	
	b.	Licensed Child-Placing Agency	
	c.	Tennessee Department of Children's Services	
4.	The	surrender was executed before:	
	(Na	me of U.S. Foreign Service Officer or Officer of	
5.	I he	reby revoke and void the surrender of the above	e-named child.
FU	RTHE	ER AFFIANT SAITH NOT.	
Th:	c tha	day of, 20	
1 111	s the _	day of, 20	
Sig	nature	:: Biological Legal Mother _	
·		Biological Legal Father	
		Legal Guardian:	
Sw	orn to	and subscribed before me this day of	, 20
Thi	s Rev	ocation of Surrender was received by me on th	ne day of
		Please Print:	
			U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
		Signature (See notes below):	
		<u> </u>	U.S. Foreign Service Officer or Officer of the U.S. Armed
		Forces	

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.

- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

Ι,	U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location), certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of
the Revocation of Surrender executed before me.	
	U.S. Foreign Service Officer or Officer of the U.S.
	Armed Forces

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001

0250-7-13-.09 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BY AN INMATE OF A STATE OR FEDERAL PENITENTIARY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a licensed child-placing agency or the Tennessee Department of Children's Services in these matters, and must be completed by the inmate and the Warden of the penitentiary before a Notary Public. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or Licensed Child Placing Agency prior to sending the form to the Warden for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or Licensed Child Placing Agency. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Warden. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.

- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the correctional facility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The Warden shall require the persons executing these documents to prove their identities satisfactorily to him or her. T.C.A. § 36-1-111(g).

OU)		
	JNT	Y OF)		
		Bein	g duly sworn according to law, affiant would state:		
	I an	1:			
	a.	Mot	her:	(Date of Birth)	,or
	b.	Fath	er:	(Date of Birth)	, or
	c.	Lega	al Guardian:	(Date of Birth)	, of:
	a.	Chil	d's Name		
	b.	Chil	d's Date of Birth		
	c.	Chil	d's Place of Birth		
	d.	Chil	d's Sex		
	e.	Chil	d's Race		
	This	child	was born in wedlock \square / out of wedlock \square .		
	Stat	e the r	ames and relationships of any other legal/biologica	l parent, legal guardian or possibl	e biological parent for this cl
					0 1
	a.	(1)	Name:		
			Relationship to the child:		
		(3)	Address		
		(4)	City, State Zip	XX 1	
		(5)	Telephone Number: Home:		
		(6) pare	Other identifying information concerning the about/legal guardian.	ve identified other legal or biologi	cai
	b.	(1)	Name:		
		(2)	Relationship to the child:		
		(3)	Address		
		(4)	City, State Zip		
		(5)	Telephone Number: Home:	Work:	
		(6)	Other identifying information concerning the about	ve identified other legal or biologi	cal
		pare	nt/legal guardian.		
	c.		Name:		
		(2)			
		(3)	Address		
		(4)	City, State Zip		
		(5)	Telephone Number: Home:	Work:	
		(6)	Other identifying information concerning the above	ve identified other legal or biologi	cal

Ru	le 02	250-7-1309, coi	ntinued)				
	The a. b. c. d.	identity is unknown fo Legal parent Biological parent Legal guardian Not applicable	or the other: Yes No No No Yes No No No No No No No No No N				
	The a. b. c. d.	whereabouts is unkno Legal parent Biological parent Legal guardian Not applicable	wn for the other: Yes No Yes				
	parei	nt/legal guardian has	concerning the identity, wh been () or will be given e child is being surrendered.				
•	Info	, and the second	child's Native American Heri of Native American heritage		. 🗆		
	b. c. d. e.	If yes, are you eligib	rith a Native American tribe?		0 0		
	f. g. h. i.	Is your child eligible If yes, give name of	for tribal membership? triberegistered with a Native Am tribe	erican tribe? Yes 🗖	No 🗆		
•	j. a. Yes b.	Will this child be ser	nt out of Tennessee to anothe to #10.		option?		
0.	name Yes If no	e you been paid, recei	Tennessee law will govern the ved or been promised any most of this child for adoption? following:	•		connection with the birth of t	he above-
		Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost	1
1.	a.		any real or personal property		yes, please describe the p	property owned and give the	property

		If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:
12.	a.	Do you currently have: Only legal custody of the child? Yes No Solution No So
	b.	If another person(s) holds legal custody of the child at this time, give the following information:
		Name:
		(Street, RR, P.O. Box) (Town/City) (State) (Zip)
	c.	Telephone Number (Home) (Work) If another person(s) holds physical custody of the child at this time, give the following information: Name:
		Relationship, if any, to you or the child:
		Address:(Street, RR, P.O. Box) (Town/City) (State) (Zip)
	d.	Telephone Number (Home) (Work) Is the person(s) who holds custody the prospective adoptive parent? Yes □ No □
	e.	If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information: Name of Agency:
		Street/Rural Route/P.O. Box:
	f.	Do you intend to give custody to the licensed child placing agency or the Department of Children's Services? Yes No No
	g.	Explain any other circumstances regarding the custody status of this child:
13.	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes No
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social worker or other social services agency concerning the decision to place this child for adoption? Yes No Social services agency concerning the decision to place this child for adoption?
	c.	Has such counseling been made available to you? Yes □ No □
14.	a. b.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes \(\sigma\) No \(\sigma\) If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \(\sigma\) No \(\sigma\)
	c.	Has such counseling been made available to you? Yes □ No □
15.	chil	you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the d in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will ome the legal child of other persons? Yes \square No \square
16.	a.	If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a $\frac{REVOCATION\ OF\ SURRENDER}{CATION\ OF\ SURRENDER}$ before the warden who is here today, or his or her successor? Yes \square No \square
	b.	By signing the surrender of the above named child on this date, $(Mo/Day/Yr)$, the period of revocation of the surrender will begin on the day following the signing of the surrender, or $(Mo/Day/Yr)$, the period of revocation of the revocation period is ten (10) calendar days and will expire on the tenth (10th) day or $(Mo/Day/Yr)$, If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be $(Mo/Day/Yr)$ Do you understand this? Yes \square No \square
	c.	Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes \square No \square

17.			ly and without duress or pressure by any other person(s) or adoption and adopted by other persons? Yes \square No	
	FURTHER, AFFIANT	SAITH NOT.		
	This the day of _	20		
			al Mother	
	Signature:	Biological Leg	al Motheral Father	
		Legal Guardian of		of
		Name of Child		
On	this day of	, 20, po	ersonally appeared before me,	
a No guai	otary Public for the State a rdian), who acknowledged	that the above documen	ersonally appeared before me, ,(Name of Parent or t is correct to the best of his/her information and belief.	
			Notary Public	
Му	Commission Expires:			
		Please Print:		
			Name of the Warden of	
			(City, County and State of Facility)	
		Signature:		
			WARDEN	
On	this day of	, 2	0 personally appeared before me	, a Notary Public for the
	te and County noted above the witnessed the completion		, Warden of the correctional facility noted abor	ve, who acknowledged that
110,5	me winessed the completio	in of the pre surrender in	normation noted toove.	
			Notary Public	
Mv	Commission Expires:			
141 y	Commission Expires			
			DADTH	
			PART II	
A.			OR GUARDIAN INCARCERATED IN A STATE OR FEI	
	THE TENNESSEE DE	PARIMENT OF CH	ILDREN'S SERVICES OR A TENNESSEE LICENSED	CHILD-PLACING AGENCY
	ATE OF TENNESSEE UNTY OF			
Beiı	ng duly sworn according to	law affiant would state	:	
1.	I am:			
	a. Mother:			
	b. Father: c. Legal Guardian:		, or	
	c. Legar Guardiali		oi.	
2.	a. Child's Name:			
	 b. Child's Date of Bi 	rth:		
	c. Child's Place of B	irth:		

__, a Notary Public

____, Warden of the correctional facility noted above who acknowledges that

NOTARY PUBLIC

(Rule 0250-7-13-.09, continued) e. Child's Race:_ 3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by _, a Licensed Child-Placing Agency, or ___ by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the warden who is conducting this proceeding, or his or her successor. b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO ___ (CHILD'S NAME) TO: _(Name of LCPA) Licensed Child-Placing Agency___ __Tennessee Department of Children's Services (Please check if applicable.) FURTHER AFFIANT SAITH NOT. This the ___ day of _____. 20___. Signature: Biological__, Legal__ Mother ___ Biological__, Legal__ Father __ Legal Guardian On this ____ day of _ _, a Notary Public __, 20___, personally appeared before me _ for the State and County noted above, _____ , (Name of Parent or Guardian), who acknowledged that the above __, (Name of Child) was executed freely and voluntarily. surrender of the child, Notary Public My Commission Expires: ____ Please Print: Name of the Warden of ____ Correctional Facility Located at _ (City, County and State of Facility)

WARDEN

, 20___, personally appeared before me ___

(Name of Child)

NOTES TO WARDEN AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

Signature:

1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.

*See Notes Below

Before Signing

On this ____ day of ___

(Name of Parent/ Guardian)

My Commission Expires:_

for the State and County noted above, _

he/she witnessed the signing of the surrender of _

- A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. § 36-1-
- 4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-0009.
- The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B). After ten (10) days, the original shall be sent to state office Adoption Services of the Tennessee Department of Children's Services, at the address below.

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- Parts I and II of the surrender forms received pursuant to T.C.A. § 36-1-111(j) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. § 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee whichever is earlier. T.C.A. § 36-1-111(q)(1).
- When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. 36-1-111(n).
- The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A. by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the date the surrender is filed. T.C.A. § 36-1-111(u).

NO	TES TO THE CLERK IN TENNESSEE:
1.	The copies of the surrender forms filed by the licensed child-placing agency or the Tennessee Department of Children's Services with this court shall be entered in a special docket for surrenders and shall be styled "In Re" and shall be
	(Child's Name) permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
2.	Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4). Please Certify the copies on the page following the certification given by the Warden.
В.	PART II ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY
ST/ CO	ATE OF) UNTY OF)
	Being duly sworn according to law, affiant would state:
1.	I,, an authorized representative of:
	 a. Licensed Child-Placing Agency; or the bCounty Tennessee Department of Children's Services upon execution of Parts I and IIA. by the parent or guardian named therein before the Warden named therein, accept the surrender of: c. Name of Child
	Please Print: Name and Title of Authorized Representative
	Signature:

Signature of Authorized Representative

	BSECTIONS 2a2d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS <u>IST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE WARDEN:
2.	Icertify on behalf of:
	Licensed Child-Placing Agency (Name of Agency); or the
	Tennessee Department of Children's Services;
	 a That my agency has physical custody of this child; or b That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to the
	effect has been attached with the acceptance at this time; or c My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, an the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at the
	time; or d That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(0 which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has bee attached to the acceptance at this time.
	BSECTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE RRENDER IS COMPLETED BY THE WARDEN.
3.	Yes To No To That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. To Not Applicable
4.	Yes To No (Licensed Child-Placing Agency Only) I have presented to the court a copy of the Interstate Compact on the Placement of Chil Form 100A for a child brought into Tennessee for adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required.
	□ Not Applicable
FU.	RTHER AFFIANT SAITH NOT.
Thi	sday of
	Please Print:
	Name and title of authorized representative of Tennessee Department of Children's Services or Tennessee Licensed Child-Placing Agency
	Signature:
S.w.	orn to and subscribed before me this day of, 20
S W	of the and subscribed before the this day of, 20
	NOTARY PUBLIC
Му	commission expires:
	CERTIFICATION OF WARDEN
	I,, Warden of the (Name
of I	Correctional Facility) located at(Location Facility) hereby certify that the foregoing copies of Parts I and II of the Surrender Forms are true and accurate ies of the documents executed before me.
	This day of

Warden, _

(Name of Correctional Facility)

	Sworn to and subscribed before me	this day of, 20	
		NOTA	ARY PUBLIC
	My Commission Expires:		
		CERTIFICATION OF TENNESSEE CLER	<u>K</u>
and	I,accurate copies of the documents filed with	, Clerk of the _ County, Tennessee, certify the foregoing copies this Court.	Court of of Parts I and II of the Surrender Forms to be true
	-	Clerk of the	Court of
			County, Tennessee.
			(Seal)
		PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	(Seal)
	ATE OFUNTY OF	CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	(Seal)
C O Beii	UNTY OF	CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)	(Seal)
C O Beii	UNTY OF	CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)) d state:, or	(Seal)
C O Beii	ng duly sworn according to law affiant woul I am: a. Mother: b. Father:	CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3) d state: , or , or	(Seal)
C O Beii	ng duly sworn according to law affiant woul I am: a. Mother: b. Father:	CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)) d state:, or	(Seal)
C O Bein	ng duly sworn according to law affiant woul I am: a. Mother: b. Father: c. Legal Guardian: a. Child's Name:	CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3) d state: , or , or of:	(Seal)
CO Beii 1.	ng duly sworn according to law affiant woul I am: a. Mother: b. Father: c. Legal Guardian: a. Child's Name: b. Child's Date of Birth:	CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3) d state: , or , or	(Seal)
CO Beii 1.	ng duly sworn according to law affiant woul I am: a. Mother: b. Father: c. Legal Guardian: a. Child's Name: b. Child's Date of Birth: c. Child's Place of Birth:	CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3) d state: , or , or of:	(Seal)
co	ng duly sworn according to law affiant woul I am: a. Mother: b. Father: c. Legal Guardian: a. Child's Name: b. Child's Date of Birth: c. Child's Place of Birth:	CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3) d state: , or , or	(Seal)

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-137] and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].

6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th Avenue North
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Nam	ne (Including Birth & M	larried Names)	(Stree	t/Rural Route/P. O.	Box)	
	(Town/City)		(State)	(Zip C	ode)	,
	(Home Telephone No	.)	(Work Telephone	e No.)		
	is address an address th			u concerning your w	ishes regarding co	ontact.
(Stre	eet/Rural Route/P. O. B	ox)	(Tow	,,,,,	(State)	
(Zip	Code) (Wo	rk Telephone)		(Home Teleph	one)	
Is th	is address an address a	person requestin	g contact may use to	write to you? Yes	□ No □. If no, j	please share the address to be
(Stre	eet/Rural Route/P. O. B	ox)		(Town/City)	(State)	
(Zip	Code) (Wo	rk Telephone)	······································	(Home Teleph	one)	
	the telephone numbers	the numbers the	department may use	to contact you?		
YES	5 □ NO □.	1 1	1 1 24 12 11 1		0 MEG = N	TO 5
		ne niimhers he s	snared with eligible j	persons requesting co	ontact? YES 🗆 N	IO 🗀.
If no	o, may the listed telepho o, please list telephone r		, that might be share	ed and used to contact	et you.	
If no			, that might be share (Home Telephone	·	et you.	
If no If no If wis	ork Telephone No.)	umber(s), if any	(Home Telephone	e No.) ses of eligible persor	ns, who may, as m	nay be permitted by law, to ha
If no If no If no If no If wis acce The and the exclusion of the image of the imag	o, please list telephone roots Telephone No.) sh to veto contact with ess to the sealed records. e filing of a contact veto the spouses of those per ude persons in those cla	umber(s), if any he adopted pers sealed adoption by you makes t sons so that they sses from this at to a search requ	(Home Telephonon and all other class a records or post ado the contact veto auto y cannot be contacted tomatic coverage screet, they will have the	ses of eligible persor ption record to have matically applicable d by a person eligible of that they will have	as, who may, as mecontact with me. to your siblings, let o have the record to register a contact.	
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If no	ork Telephone No.) sh to veto contact with ess to the sealed records. The spouses of those per ude persons in those claims to exclude from the amount of the spouses of those per ude persons in those claims to exclude from the amount of the spouses of: My siblings: The spouses of: My lineal descendants My lineal ancestors: (a) siblings (b) lineal descendants (c) lineal ancestors	he adopted pers sealed adoption by you makes to sons so that they sses from this at to a search require exclude any of the search require excludes a search requirement of the searc	(Home Telephonon and all other class records or post adout the contact veto autory cannot be contacted to the contact coverage so test, they will have to these persons. It veto the following: No No No No No Individuals:	ses of eligible persor ption record to have matically applicable d by a person eligible that they will have o register a contact v	ns, who may, as mecontact with me. to your siblings, let to have the record to register a contaveto at the time.	ineal descendants, lineal ancerds opened. You may, however veto themselves or, upon lo
If no	ork Telephone No.) sh to veto contact with ess to the sealed records. The spouses of those per ude persons in those claims to exclude from the amount of the spouses of those per ude persons in those claims to exclude from the amount of the spouses of: My siblings: The spouses of: My lineal descendants My lineal ancestors: (a) siblings (b) lineal descendants (c) lineal ancestors	he adopted pers sealed adoption by you makes to sons so that they sses from this at to a search require exclude any of the search require excludes a search requirement of the searc	(Home Telephonon and all other class records or post adout the contact veto autory cannot be contacted atomatic coverage suest, they will have to these persons. It veto the following: No No No No No No No No	ses of eligible persor ption record to have matically applicable d by a person eligible that they will have o register a contact v	as, who may, as mecontact with me. to your siblings, let to have the record to register a contaveto at the time.	ineal descendants, lineal ancerds opened. You may, however the veto themselves or, upon lot T.C.A. § 36-1-130(a)(6)]. Plants of the control o

8.

	d.	I wish to veto contact with: [T.C.A. § 36-1-128(c)] (1) Any future siblings of the adopted person. Yes □ No □. (2) A current spouse Yes □ No □ Name of current spouse					
		Please complete the following for any known Name	wn individuals: Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip			
		1	Surrough visor	5.100.111,11.0.120.1,10.111,5.1110,1110			
9.	a.	I give consent for the child I am surrend law, to have access to the sealed records,	lering (adopted person) and <u>AI</u> , sealed adoption records or pos				
	b.	 I wish to limit consent to certain person The adopted person The adopted person's adoptive par The adopted person's adoptive sible The adopted person's lineal descer The legal representatives of any of 	ents Yes No odants Yes No odants				
	c.	If contact is limited to the legal represent	tative of certain classes of person				
10.	qua Tel	ephone		h me: (Please check all that apply and indicate any limitations or			
	Per Per	terssonal contact, unannouncedsonal contact, prearranged with me, eith sonal contact through another person. Plea	er via phone \square or corresponde				
11.		ner information I wish to have released abouvided)	at me to any eligible persons (p	please identify to whom and the contents of the information to be			
12.		ould you wish no contact with any other eli	gible persons but wish to share	a statement of your feelings, or circumstances which impact you			
13.		ereby request that this information be filed vices.	with the Contact Veto Registry	at the Post Adoption Services Unit of the Department of Childre			

November, 2001 (Revised)

FURTHER AFFI	ANT SAITH NOT.			
This the da	ay of, 20			
Signature:	Biological Legal Biological Legal Legal Guardian	Mother Father		
Sworn to and sub	scribed to before me this	_day of	, 20	
My commission (expires		Notary Public	
Wy Commission C	Please Print:		e or Federal Penitentiary	
	Signature:		ty and Location	
Sworn to and sub	scribed to before me this	Warden of Stat	e or Federal Penitentiary	
My commission e	expires	·	Notary Public	
		CERTII	FICATION	
I,	, V	Varden of the	Correctional Facility locate	ed at
the foregoing copy	y of Part III of the Surrender Form	s to be a true and accu	County, State of crate copy of the document executed before me.	, certify
		War	den of State or Federal Penitentiary	
Sworn to and sub	scribed before me this da	y of	, 20	
			Notary Public	
My commission e	expires on			
	REVOCATION		RT IV ER BY A PARENT OR GUARDIAN	
STATE OF				
	according to law affiant would sta			
1. I am:	to an aritan would ste			
a. Motheb. Father	er: r: Guardian:		, or	
2. a. Child' b. Child'	's Name: 's Date of Birth:			

	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	
3.	_	(Date), I exec	uted a surrender of my parental or guardianship rights to the child named in #2 to:
	a.		
	b. c.	Tannassaa Danartment of Children's Sarvice	· · · · · · · · · · · · · · · · · · ·
	C.	Telliessee Department of Children's Service	
4.	The	surrender was executed before:	
		(Warden of State or Federal Penit	tentiary)
		(Name of Facility and Location	
5.	I her	reby revoke and void the surrender of the above	e-named child.
FUR	THE	R AFFIANT SAITH NOT.	
This	the _	day of, 20	
Sign	ature:	Biological Legal	Mother Father
Swo	rn to a	and subscribed before me this day of	, 20
This	Revo	ocation of Surrender was received by me on the	e day of, 20
		Please Print:	Warden of State or Federal Penitentiary
			Name of Facility and Location
		Signature (See notes below):	
		Signature (See notes delow)	Warden of State or Federal Penitentiary
Swo	rn to a	and subscribed before me this day of	, 20
			Notary Public
Му	comm	nission expires on	·

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption
 containing the parental consent, and the clerk shall send these, within three (3) days by certified Mail, return receipt requested to:

Tennessee Department of Children's Services Central Office

Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I,	, Warden of the	Correctional Facility located atCounty, State of	. certify
the foregoing copy of the Revo	ocation of Surrender to be a true and acc	urate copy of the Revocation of Surrender executed before me.	
	Ę	Warden of State or Federal Penitentiary	
Sworn to and subscribed before	re me this day of	, 20	
		Notary Public	
My commission expires on		_	

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.10 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BY AN INMATE OF A STATE OR FEDERAL PENITENTIARY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption directly to prospective adoptive parents and must be completed by the inmate and the Warden of the penitentiary before a Notary Public. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the Warden for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Warden. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORMS FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED

IN A STATE OR FEDERAL PENITENTIARY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

PART I PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the correctional facility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to him/her. T.C.A. § 36-1-111(g).

STA	ATE (OF)		
CO	UNI	ı or)		
		Bein	g duly sworn according to law, affiant would state:		
1.	I an	1:			
	a.	Mot	her:(Da	ite of Birth),or	
	b.	Fath	er:(Da	ate of Birth),or	
	c.	Lega	al Guardian:(Da	ate of Birth),of:	
2.	a.	Chil	d's Name		
	b.	Chil	d's Date of Birth		
	c.		d's Place of Birth		
	d.	Chil	d's Sex		
	e.	Cnii	d's Race		
3.	This	s child	was born in wedlock \square / out of wedlock \square .		
4.	Stat	e the n	ames and relationships of any other legal/biological parent, legal	al guardian or possible biological parent for this child:	
	a.	(1)	Name:		
		(2)	Relationship to the child:		
		(3)	Address City State 7		
		(4)	City. State Zip		
		(5)	Telephone Number: Home:Work:_		
		(6)	Other identifying information concerning the above identified		١.
				and	
	b.	(1)	Name:		
		(2)	Relationship to the child:		
		(3)	Address		
		(4)	City, State Zip		
		(5)	Telephone Number: Home:Work:_		
		(6)	Other identifying information concerning the above identified parent/legal guardian.	other legal or biological	
	c.	(1)	Name:		
			Relationship to the child:		
			Address City State 7in		
		(4)	City, State Zip		
		(6)	Other identifying information concerning the above identified	other legal or biological	
		` '	nt/legal guardian.	outer regar of elotogical	
5	The	identi	ty is unknown for the other:		

a. Legal parent Yes □ No □

ne c	123(<i>J-7-13</i> 10, co.	nunueu)					
b. c.	Le	iological parent egal guardian ot applicable	Yes □ No □ Yes □ No □ Yes □ No □					
d.	IN	от аррисавіе	Yes □ No □					
		ereabouts is unkno						
a b.		egal parent iological parent	Yes □ No □ Yes □ No □					
о. с.		egal guardian	Yes No					
d.		ot applicable	Yes □ No □					
pa	rent/	legal guardian has	ion concerning the identity, who been() or will be given() to doptive home study, or to the attor	the prospectiv	ve adopti	ve parents to whom the		
Info	orma	ation Concerning C	Child's Native American Heritage	:				
a.	If	no, go to # 9.	of Native American heritage?	Yes 🗖	No 🗆	1		
b. c.	If	yes, give name of		Yes 🗖	No 🗆			
d. e.	If	ves, give name of	vith a Native American tribe? f tribe.	Yes 🗖	No [
f. g.	If	yes, give name of	e for tribal membership? f tribe registered with a Native America	Yes 🗖	No 🗆			
h. i	If	as your child been yes, give name of his information is	f tribe	in tribe?	res L	□ No □		
j.			nt out of Tennessee to another stat	te or country	or adopt	ion?		
a. b.	Y	es \square No \square yes, name of state	If no, go to #10.	ie of country i	or adopt	IOII:		
υ.								
c.	If	yes, Tennessee lav	w will govern the interpretation of	this surrende	r.			
Yes		No 🗖	of this child for adoption? ease complete the following: To Whom	By Whon		Date Received/Paid	Type Service/Cost	
		Faiu	TO WHOIH	by whon		Received/Faid	Service/Cost	1
			+					_
						<u> </u>	<u> </u>	_
a.			any real or personal property?		o□ If y	ves, please describe the p	property owned and give	the proper
	va							
	_							
	_							
b.			e child will become possessed of				ah tha ahild bassiis	mor on I - '
		, please describe pi e property value:	roperty, who currently owns the p	roperty, the tr	me and c	ircumstances under whi	cii ine chiia becomes ow	mer and gr
	uı	c property value.						

12.	a.	Do you currently have: Only legal custody of the child? Yes
	b.	Both legal and physical custody of the child? Yes \(\sigma\) No \(\sigma\) If another person(s) holds legal custody of the child at this time, give the following information:
		Name:
		Address:
	c.	
		Name:
		(Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work)
	d.	Is the person(s) who holds custody the prospective adoptive parent? Yes \Box No \Box
	e.	If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information: Name of Agency:
		Street/Rural Route/P.O. Box:
	f.	Do you intend to give custody to the prospective adoptive parents? Yes \(\Pi\) No \(\Pi\)
	g.	Explain any other circumstances regarding the custody status of this child:
13	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
	b.	Yes \(\sigma\) No \(\sigma\) Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, a licensed clinical social worker, or other
		social service agency concerning the decision to place this child for adoption? Yes No
	c.	Have you requested the prospective adoptive parents to provide such counseling for you? Yes □ No □ If not, go to #14.
	d.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □
14.	a.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes \(\sigma \) No \(\sigma \)
	b. c.	If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \(\sigma\) No \(\sigma\) Have you requested the prospective adoptive parents to provide such counseling for you? Yes \(\sigma\) No \(\sigma\) If not, go to #15.
	d.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □
15.	chil	you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the d in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the d will become the legal child of other persons? Yes \square No \square
16.	a.	If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a $\frac{REVOCATION\ OF\ SURRENDER}{CATION\ OF\ SURRENDER}$ before the warden who is here today, or his or her successor? Yes \square No \square
	b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The
		revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr), If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr)
	c.	Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes \square No \square
17.		owing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-ned child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes \square No \square

FURTHER AFFIAN	T SAITH NO	Γ.				
This the day of _		, 20	_			
Signature:	Biological	Legal	Me	other		
Signatur e.	Biological_	Legal	Fa	ther _		
	Legal Guard	ian			of	
	Name of Ch	ıld				
On this day of	:		, 20	, p	personally appeared before me	, a Notary
Public for the State a	nd County not	ed above, (Nam	e of Pare	ent or (Guardian)	who
acknowledged that th	e above docum	ent is correct to	the best	of his/f	her information and belief.	
					Notary Public	
My commission expi	res		·			
		Pleas	e Print			
					of the Warden of	
				Corre	ctional Facility Located at	
					(City, County and State of Facility	
		Signa	ture:			
					Warden	
On this day of	:		20	n n	personally appeared before me	a Notary
Public for the State a	nd County not	ed above,	,	, P	personally appeared before me, Warden of the corre	ectional facility noted
above, who acknowle	dges that he/sl	ne witnessed the	completi	on of t	the pre-surrender information noted above.	
					Notary Public	
My commission exp	ires					
STATE OR F	EDERAL PE	NITENTIARY			PART II AN INCARCERATED IN A	
DIRECTLY T	O PROSPEC	TIVE ADOPT	IVE PA	RENT	'S	
STATE OF			-			
COUNTY OF			-			
Being dul	y sworn accord	ding to law affia	nt would	state:		
1. I am:						
					_ or	
					, or	
c. Legal Gu	ardian:				of:	
2. a. Child's N	ame:					
b. Child's D	ate of Birth:_					
d. Child's S e. Child's R	ace:					
					parental or guardianship rights to the child named above spective adoptive parent(s)]	
or to act as pare	nt of this child	, or to otherwise	be invol	ved in	, and that I will have no furth the life of this child.	ner right to see this child,
4. I understand that	nt by signing th				led to any notice, legal or otherwise, of any other legal p	roceedings for the adoption
of my child by	other persons.					

5.	so by			6b. of Par	rt I) by presenting the Revocation of	hange my decision to surrender this child I must Surrender Form, attached to this document, to	
	b. By my	signature to this	s part, I acknowled	ge receip	t of a copy of the Revocation of Surre	nder form.	
						ER ALL OF MY PARENTAL OR TO:	
	a. Prospeb. Prospe	ective Adoptive ective Adoptive	Mother Father				
FUR:	THER AFFI	ANT SAITH NO	OT.				
This	the day	of	, 20				
Signa	ature:	Biological_	Legal	Fath	ther	 -	
Publi	c for the Stat	te and County no	oted above, (Name	e of Parer	nt or Guardian)	, a Nota, who was executed freely and voluntarily.	ry
Мус	ommission e	xpires				Public	
			Please	e Print: _	Name of the Warden ofCorrectional Facility Located at		
					(City, County and	State of Facility	
			Signa	ture:			
*See	Note Below				Warden		
On th Publiabove	nis day c for the State, who ackno	of e and County now wledges that he/	oted above,	, 20_	, personally appeared before me	, a Nota , Warden of the correctional facility noted	ry
	(Name of Cl			<i></i>	me of Parent/Guardian)		
					Notar	Public	
Мус	ommission e	xpires				, I done	

NOTES TO WARDEN AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older.
- 2. A separate medical/social history from for the child, the child's parent(s) and biological relatives must be completed under oath <u>prior</u> to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted in Section B., all provisions of Section B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o).
- 4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Part I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B). After ten (10) days, the original shall be sent to the Adoption Services, Tennessee Department of Children's Services at: 436 6th Avenue North, Nashville, TN 37243-1290.

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- 1. Parts I and II of the surrender forms surrender received pursuant to T.C.A. § 36-1-111(j) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o).
- The surrender itself is not sufficient to vest custody or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below, and execution of Parts I and II A. by the parent or legal guardian, the court may enter an Order of Full or Partial Guardianship for the prospective adoptive parent(s). T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T. C. A. § 36-1-111(u).
- If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

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O	TES TO THE CLERK IN TENNESSEE;
١.	The copies of the surrender forms filed by the prospective adoptive parent(s) with this court shall be entered in a special docket for surrenders and shall be styled "In Re" and (Child's Name) shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else
	without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
2.	Within five (5) days of the execution of the surrender, a certified copy Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1)(2) and (4.) Please Certify the copies on the page following the certification by the Warden.
	PART II
3.	ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS
STA	ATE OF
CO	UNTY OF)
	Being duly sworn, affiant(s) would state:
١.	a. I am
	b. Prospective Adoptive Mother's Date of Birth c. Prospective Adoptive Mother's Marital Status
	d. Prospective Adoptive Mother's Address
2.	a. I am, Prospective Adoptive Father.
	b. Prospective Adoptive Father's Date of Birth
	c. Prospective Adoptive Father's Marital Status d. Prospective Adoptive Father's Address
3.	Upon execution of Parts I and IIA. by the parent or guardian named therein before the Warden named therein where the surrender is accepted agree to assume responsibility for obtaining guardianship of (I/We)
	through court order within thirty (30) days of the date of this (Name of Child)
	surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.
١.	The following costs have been paid by for activities involving the placement of this child.

Amount Paid

To Whom

Date Paid

Type Service/Cost

Licensed Child Placing Agency Licensed Clinical Social Worker

(IXI	
	Legal Counsel
	Other Person/Organization
	Specify:
	Social Counseling Cost for Child's Parent/Legal Guardian
	Legal Counseling for Child's Parent/Legal Guardian Hospital or Medical Costs for the Birth of the Child
	Medical Care/Other Birth Related Expenses for Mother and/or Child
	Counseling Fees for Child
	Food, Maternity Clothing, Child's Clothing
	Housing and/or Utilities for Parent/Guardian
	Other Costs (Specify to Whom)
EX]	ST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT OR CLERK: a I/We have physical custody of this child; or
	bI/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavi required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached to the acceptance at this time; or
	cI/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached to the acceptance at this time; or
	d Another person or agency currently has physical control of the child. I/We have attached to the acceptance, the affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of guardianship order pursuant to § 36-1-136(r).
	SECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS MPLETED BY THE WARDEN:
ó.	Yes \square No \square I/We have attached hereto a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
' .	Yes \square No \square I/We have attached the certificate of the completion of ()legal/()social counseling \underline{if} counseling was requested by th surrendering parent. See Item #s 13 and 14 in Part I. \square Not Applicable.
3.	Yes \square No \square If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or othe substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC. \square Not Applicable.
€.	Yes \square No \square I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child Native American heritage, there has been compliance with the Act. \square Not Applicable.
SUI	SECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:
10.	Yes \square No \square a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. \square Not Applicable.
	b. If not, how will it be effected?
FUE	RTHER AFFIANT(S) SAITH NOT
ı 111 3	s day of, 20

Signature of Prospective Adoptive Mother

		S	Signature of Prospective Adoptive Father	
Sworn t	to and subscribed before me this day of		20	
5 worm	and subscribed before me this day of		_,	
			NOTARY PUBLIC	
Mr. com	nmission expires:			
My con	illinssion expires:			
		CERTIFICA	ATION OF WARDEN	
		<u></u>		
	I,ectional Facility) located at	, Warden of the	(Name	
of Facil	ectional Facility) located atity) hereby certify that the foregoing copies of Pa of the documents executed before me.	rts I and II of the Surrend	(Location er Forms are true and accurate	
	This day of, 20			
	·, · · ·, · ·	 ·		
		Warden.		
			Name of Correctional Facility)	
	Sworn to and subscribed before me this	day of	. 20	
		_	NOTARY PUBLIC	
	My Commission Expires:	_		
	CERT	TIFICATION OF TENN	VESSEE CLERK	
	I,Counts	_, Clerk of the	Court of foregoing copies of Parts I and II of the Surrender Forms to be	tru
and acc	urate copies of the documents filed with this Cour	t.	oregoing copies of raits raile if of the Surrender rollins to be	uu
		Clerk of the	Court ofCounty, Tennessee.	
			County, Tennessee.	
			(Seal)	
	c	PART III ONTACT VETO REGI T.C.A. § 36-1-111		
STATE	COF)		
COUN	E OF TY OF			
Raina d	luly sworn according to law affiant would state:			
_	am:			
a.	Mother:			
b.			, or	
c.	Legal Guardian:		ot:	
2. a.	Child's Name:			
b.	Child's Date of Birth:			
c.	Child's Place of Birth:			
d.				

e.	Child's Race:	

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. § § 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

	Name (Including	Birth & Married Names)	(Street/Ru	ral Route/P. O. I	Box)	
	(Town/City))	(State)	(Zip Cod	e)	,
	(Home Tele	phone No.)	(Work Telephone No.)		
b.		address the department may no, please share address to b	•	cerning your wi	shes regarding c	ontact.
	(Street/Rural Rou	te/P. O. Box)	(Town/Cit	y)	(State)	-
	(Zip Code)	(Work Telephone)	,	(Home Telepho	one)	
c.	Is this address an	address a person requesting	contact may use to writ	te to you? Yes	J No □. If no, p	please share the address to be used:
	(Street/Rural Rou	te/P. O. Box)		(Town/City)	(State)	-
	(Zip Code)	(Work Telephone)	,	(Home Telepho	one)	•
d.	YES □ NO □. I	numbers the numbers the d f no, may the listed telephor no, please list telephone nu	ne numbers be shared w	ith eligible perso	1 0	

		(Work Telephone No.)	(Home Telephone No.)	
8.	a. b.	access to the sealed records, sealed adoption. The filing of a contact veto by you makes t and the spouses of those persons so that the exclude persons in those classes from this au	records or post adoption he contact veto automati- by cannot be contacted by tomatic coverage so that uest, they will have to re-	of eligible persons, who may, as may be permitted by law, to have record to have contact with me. Graphicable to your siblings, lineal descendants, lineal ancestors, y a person eligible to have the records opened. You may, however, they will have to register a contact veto themselves or, upon location egister a contact veto at the time. [T.C.A.§ 36-1-130(a)(6)]. Please
	c.	I wish to exclude from the automatic contact (1) My siblings: Yes □ No (2) My lineal descendants: Yes □ No (3) My lineal ancestors: Yes □ No (4) The spouses of: (a) siblings Yes □ No (b) lineal descendants Yes □ No (c) lineal ancestors Yes □ No		
Plea	se co	complete the following for any known individuals		
		Please complete the following for any known in	ndividuals:	
		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
	d.	I wish to veto contact with: [T.C.A. § (1) Any future siblings of the adopted persor (2) A current spouse Yes □ (3) Future spouse of mine (4) Any of my lineal descendants Yes □		No □. t spouse
		Please complete the following for any known in	ndividuals:	
		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
9.	a.			<u>LL</u> other classes of eligible persons who, as may be permitted by ost adoption record to have contact with me. □
	b.	I wish to limit consent to certain persons and	d only give consent for co	ontact with the following classes of people:
		 The adopted person The adopted person's adoptive parents The adopted person's adoptive siblings The adopted person's lineal descendant The legal representatives of any of these 	Yes ☐ Yes ☐ No ☐ S Yes ☐ No ☐	No □ No □
	c.	If contact is limited to the legal representative	e of certain classes of per	sons, please describe:

qualifications to these methods of contact) Telephone	rsons requesting contact with me: (Flease check all that apply and indicate any limitations o
Letters ☐ Personal contact, unannounced ☐ Personal contact, prearranged with me ☐, either versonal contact through another person. Please g	
provided)	me to any eligible persons (please identify to whom and the contents of the information to b
12. Should you wish no contact with any other eligible decision, please share that information here:	ole persons but wish to share a statement of your feelings, or circumstances which impact you
I hereby request that this information be filed with Services.	th the Contact Veto Registry at the Post Adoption Services Unit of the Department of Child
FURTHER AFFIANT SAITH NOT.	
This the day of, 20	
Biological LegalFather	erer
Sworn to and subscribed to before me this day	ay of, 20
My commission expires	Notary Public
Please Print:	
	Warden of State or Federal Penitentiary
	Name of Facility and Location
Signature:	Warden of State or Federal Penitentiary
Sworn to and subscribed to before me this da	
5 worn to and subscribed to before the ans day	uy 01
My commission expires	Notary Public
	CERTIFICATION
I,, Ward	rden of the Correctional Facility located at, certi o be a true and accurate copy of the document executed before me.
the foregoing copy of Part III of the Surrender Forms to	o be a true and accurate copy of the document executed before me.

				Warden of State or Federal Penitentiary
Swe	orn to	and subscribed befo	ore me this da	ay of, 20
				Notary Public
Μv	comm	nission expires on		·
111	Comm	nssion expires on _		
				PART IV
			REVOCATI	ION OF SURRENDER BY A PARENT OR GUARDIAN
ST	ATE (OF		
CO	UNTY	Y OF		_
Bei	ng dul	y sworn according t	o law affiant would sta	tate:
1.	I am			
	a. b.			, or , or
	c.	Legal Guardian:		, of:
2.	a.	Child's Name:		
	b.	Child's Date of E	Birth:	
	c. d.	Child's Place of I	Birth:	
	e.	Child's Race:		
3.	On			I executed a surrender of my parental or guardianship rights to the child named in #2 to:
٥.	a.	Prospective Adop	tive Parent(s)	
	b. с.	Licensed Child-P	lacing Agency	Services
4.	The	surrender was exec	uted before:	Warden of State or Federal Penitentiary
		Name of Facility		
5.	I her	reby revoke and voi	d the surrender of the	above-named child.
FU	RTHE	R AFFIANT SAIT	H NOT.	
Thi	s the	day of	. 20	
Sig	nature:		gical Legal gical Legal	Mother Father
		Legal	Guardian:	
Sw	orn to	and subscribed befo	ore me this day o	of, 20
Thi	s Revo	ocation of Surrende	r was received by me	on the day of
	S ILC V	cation of Barrenae	·	on the day of
			Please Print:	Warden of State or Federal Penitentiary
				·
				Name of Facility and Location
		Signa	ture (See notes below)	Warden of State or Federal Penitentiary
Sw	orn to	and subscribed befo	ore me this day o	of ,20 .

	Notary Public
My commission expires on	·
NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEI	VE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental 4 a consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- Please provide the certification on the page following this Revocation form.
- If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services, Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I,, Warder	n of the	Correctional Facility located at	
the foregoing copy of the Revocation of Surrender to be a	true and accurate copy		, certify
	Warden of	State or Federal Penitentiary	
Sworn to and subscribed before me this day of _		, 20	
		Notary Public	
My commission expires on			

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.11 PARENTAL CONSENT FORM USED IN CONFIRMATION OF CONSENT PROCEEDING BEFORE THE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used in situations pursuant to T.C.A. 36-1-117(g) where the parent of a child sought to be adopted has signed the adoption petition for the purpose of giving consent to the adoption of the child by the prospective, unrelated, adoptive parents and the Court, pursuant to that provision has set a hearing for the purpose of confirming this consent. The completion of the information in this form is required as part of the confirmation process by the Court before the parent's rights can be considered to be terminated by the parental consent and before orders or guardianship can be entered. The information in Section B of Part I must be obtained prior to entry of an order of guardianship based on a parental consent executed in an adoption petition by unrelated persons and may be obtained prior to and separately from Part A in order to obtain the order of guardianship. Parts I A., II and III should be completed at the time of the confirmation of the parental consent. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be available to the parent at the time of the confirmation of the parental consent.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111(k)(l)(m),(o) and (r) and 36-1-117(g) and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

FORMS FOR USE IN CONFIRMATION OF PARENTAL CONSENT FILED WITH ADOPTION PETITION PURSUANT TO T.C.A. § 36-1-117(g) AND FOR OBTAINING ORDER OF GUARDIANSHIP PURSUANT TO T.C.A. § 36-1-111(o) & (r)

PART I

A. PRE-CONFIRMATION INFORMATION

The following information is required by Tennessee Code Annotated §§ 36-1-117(g) and 36-1-111(k) and must be obtained under oath by the court prior to entry of an order pursuant to T.C.A. § 36-1-117(g) confirming the parental consent filed with the adoption petition.

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

COUNTY OF						
Bei	ng dul	y sworn according to law, affiant would state:				
1.	I an	n:				
	a.	Mother:	(Date of Birth)	,0		
	b.	Father:		,c		
2.	a.	Child's Name				
	b.	Child's Date of Birth				
	c.	Child's Place of Birth				
	d.	Child's Sex				
	e.	Child's Race				

This child was born in wedlock □/ out of wedlock □.

4.	Sta	ate the n	names and relationships of any other legal/biological parent, legal guardian or possible biologica	parent for this child:
	a.	(1)	Name:	
		(2)	Relationship to the child:	
		(3)	Address	
		(4)	City, State Zip	
		(5)	Telephone Number: Home:Work:	
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
	b.	(1)	Name:	
		(2)	Relationship to the child:	
		(3)	Address	
		(4) (5)	City, State ZipWork:	
		(6)	Other identifying information concerning the above identified other legal or biological	
		(0)	parent/legal guardian.	
				and
		(1)	AT	
	c.	(1)	Name:	
		(3)	Address 7	
		(4)	City, State Zip	
		(5)	Telephone Number: Home: Work: Work:	
		(6)	Other identifying information concerning the above identified other legal or biological	
		pare	nt/legal guardian.	
5.	Th	e identi	ty is unknown for the other:	
	a.	Lega	al parent Yes 🗆 No 🗇	
	b.	Biol	ogical parent Yes □ No □	
	c.	Lega	ogical parent Yes	
	d.	Not	applicable Yes □ No □	
_	TI.		al anta is ambumana faratha athan	
6.	a.		eabouts is unknown for the other:	
	a. b.	Biol	ogical parent Yes T No T	
	c.	Lega	al guardian Yes No No	
	d.	Not	al parent Yes No No No No No No No No No N	
7.	pa	rent/leg	at all information concerning the identity, whereabouts, and social and medical history con al guardian has been() or will be given() to the prospective adoptive parents to whom the conducting the adoptive home study, or the attorney for the prospective adoptive parents.	
8.	Int	formatic	on Concerning Child's Native American Heritage:	
	a.	Are	you or the child of Native American heritage? Yes ☐ No ☐	
			o, go to # 9.	
	b.		es, are you eligible for tribal membership? Yes \(\sigma\) No \(\sigma\)	
	c.		es, give name of tribe	
	d. e.		es, give name of tribe.	
	f.		our child eligible for tribal membership? Yes \square No \square	
	g.		es, give name of tribe.	
	h.		your child been registered with a Native American tribe? Yes No	
	i		es, give name of tribe.	
	j.	This	information is unknown. Yes \square No \square	
9.	a.		this child be sent out of Tennessee to another state or country for adoption?	
	1-		□ No □ If no, go to #10.	
	b.	ii ye	ss, name of state or country.	
	c.	If ye	es, I understand Tennessee law will govern the interpretation of this surrender.	
		-		

	Amount			Date	Type	
	Paid	To Whom	By Whom	Received/Paid	Service/Cost	
a.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hold	ne child? Yes No [of the child? Yes No custody of the child? Yes ls legal custody of the child	No	•		
	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hole Name:	of the child? Yes \(\sigma\) N custody of the child? Yes ds legal custody of the child	No			
	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hold Name:	of the child? Yes \(\simeq \) N custody of the child? Yes ds legal custody of the child you or the child: (Street, RR, P.O. Box) (To	No D No D d at this time, give the forwardCity)		 	
	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hold Name:	of the child? Yes \(\simeq \) N custody of the child? Yes ds legal custody of the child you or the child:	lo	(State)	(Zip)	
b.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hole Name:	of the child? Yes \(\sigma \) N custody of the child? Yes ds legal custody of the child: you or the child: (Street, RR, P.O. Box) (To ome) (W. ds physical custody of the college)	lo	(State)	(Zip)	
b.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hole Name: Relationship, if any, to Address: Telephone Number (He If another person(s) hole Name: Relationship, if any, to Address: (Street, RR,	of the child? Yes \(\bar{\text{\tint{\text{\te}\text{	d at this time, give the form	(State) ne following information:	(Zip)	
b.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hole Name: Relationship, if any, to Address: (Telephone Number (He If another person(s) hole Name: Relationship, if any, to Address: (Street, RR, Telephone Number (He	of the child? Yes No custody of the child? Yes dis legal custody of the child: you or the child: (Street, RR, P.O. Box) (Toome) (Words) (Words) (Words) (Words) (Town/City) P.O. Box) (Town/City) (Words) (Words) (Words) (Words) (Words) (Words) (Words)	d at this time, give the formula of the following of the	(State) se following information: te) (Zip)	(Zip)	
b. c.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hold Name:	of the child? Yes \(\begin{align*} \text{N} \\ \text{custody of the child?} \end{align*} \text{Yes design*} \text{ls legal custody of the child:} \\ \text{you or the child:} \\ Street, RR, P.O. Box) (Toome) (Wolds physical custody of the composition of	d at this time, give the form of this time, give the form	(State) te following information: te) (Zip) No sor another State agency	holds physical and/or legal of	custoo
b.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hold Name:	of the child? Yes \(\begin{align*} \text{N} \\ \text{custody of the child?} \end{align*} \text{Yes design*} \text{ls legal custody of the child:} \\ \text{you or the child:} \\ Street, RR, P.O. Box) (Toome) (Wolds physical custody of the composition of	d at this time, give the form of this time, give the form	(State) te following information: te) (Zip) No sor another State agency	holds physical and/or legal of	custoc
b. c. d. e.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hole Name:	of the child? Yes No custody of the child? Yes desired as legal custody of the child? Yes desired as legal custody of the child you or the child: (Street, RR, P.O. Box) (Toome) (Wood as physical custody of the composite of the	d at this time, give the formula dat this time, give the data data data data data data data dat	(State) te following information: te) (Zip) No sor another State agency	holds physical and/or legal of	custoo
b. c.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hole Name:	of the child? Yes \(\begin{align*} \text{N} \\ \text{custody of the child?} \end{align*} \text{Yes design*} \text{ls legal custody of the child:} \\ \text{you or the child:} \\ Street, RR, P.O. Box) (Toome) (Wolds physical custody of the composition of	d at this time, give the formula of	(State) te following information: te) (Zip) No sor another State agency Zip: Yes No 1	holds physical and/or legal o	custoo
b. c. d. e.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hole Name:	of the child? Yes No custody of the child? Yes desired as legal custody of the child? Yes desired as legal custody of the child. (Street, RR, P.O. Box) (Toome) (Words physical custody of the composition of the child to the prospective of the child	d at this time, give the form of the following of the fol	(State) te following information: te) (Zip) No Sor another State agency Zip: Yes No Sor	holds physical and/or legal o	custoc
b. c. d. e.	Only legal custody of the Only physical custody of Both legal and physical If another person(s) hole Name:	of the child? Yes \(\begin{align*} \text{N} \\ \text{custody of the child?} \end{align*} \text{Yes dis legal custody of the child:} \\ \text{you or the child:} \\ \text{Street, RR, P.O. Box) (Tome)} \text{(World align*} \\ \text{dis physical custody of the composition of the child:} \\ \text{P.O. Box) (Town/City)} \\ \text{ome} \) \text{(World align*} \\ \text{dis custody the prospective ing agency, the Department following information:} \\ \text{O. Box:} \text{O. Box:} of the child to the prospective in the child to the prospectiv	d at this time, give the form of the following of the fol	(State) te following information: te) (Zip) No Sor another State agency Zip: Yes No Sor	holds physical and/or legal o	custoc

14.	a. b.	Do you desire to be represented by legal counsel at this confirmation proceeding? Yes \square No \square If not, do you desire to consult with legal counsel prior to the confirmation of your parental consent for the adoption of this child? Yes \square No \square				
15.	nan	Do you understand that if the court confirms the parental consent executed by you in the adoption petition concerning the abovenamed child that you will have no right to act as parent of the above-named child in any manner whatsoever forever, and that the child will become the legal child of other persons? Yes \square No \square				
16.	a.	Do you understand that you may revoke or cancel the parental consent you previously gave for the adoption of the above-named child in the adoption petition by signing a paper called a Revocation of Parental Consent before the judge who is here today? Yes No				
	b.	Do you wish to revoke or cancel your parental consent? Yes \square No \square				
	c.	Do you understand that if you do sign the Revocation of Parental Consent, the prospective adoptive parents will be required to return the child, \underline{unless} the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes \square No \square				
17.	chil	owing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to allow the above-named d to be adopted by the prospective adoptive parents? \square No \square				
	FU	JRTHER, AFFIANT SAITH NOT.				
	Th	is the day of 20				
	Sign	ature: Biological Legal Mother Biological Legal Fatherof				
		Name of Child				
		Sworn to and subscribed before me this the day of, 20				
		Please Print:				
		Chancellor,Circuit Judge of County, Tennessee				
		Signature:				
		Chancellor, Circuit Judge				
В.	AFF	IDAVIT OF COMPLIANCE BY PROSPECTIVE ADOPTIVE PARENT(S) T. C. A. §§ 36-1-111(k) (m) (o) and(r) (6) (A) and 36-1-117 (g)				
NO	TE:	The information in Part B must be obtained prior to the entry of an order of guardianship based on a parental consent executed in an adoption petition by unrelated persons and may be obtained prior to and separately from Part A in order to obtain the order of guardianship. See T.C.A. § 36-1-111(o).				
		OF TENNESSEE) Y OF)				
Bei	ng dul	y sworn, affiant(s) would state:				
1.	a.	I am, Prospective Adoptive Mother.				
	b. с.	Prospective Adoptive Mother's Date of Birth Prospective Adoptive Mother's Place of Birth				
	d.	Prospective Adoptive Mother's Marital Status				
2.	a.	I am, Prospective Adoptive Father.				
	b.	Prospective Adoptive Father's Date of Birth				
	c. d.	Prospective Adoptive Father's Place of Birth Prospective Adoptive Father's Marital Status				
3.		agree to assume responsibility for obtaining guardianship of				
		through court order within thirty (30) days of the date of this (Name of Child)				

surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.

4. The following costs have been paid by ______ for activities involving the placement of this child. ______

To Whom	Date Paid	Type Service/Cost
		Licensed Child Placing Agency
		Licensed Clinical Social Worker
		Legal Counsel
		Other Person/Organization Specify:
		Social Counseling Cost for Child's Parent/Legal Guardian
		Legal Counseling for Child's Parent/Legal Guardian
		Hospital or Medical Costs for the Birth of the Child
		Medical Care/Other Birth Related Expenses for Mother and/or Child
		Counseling Fees for Child
		Food, Maternity Clothing, Child's Clothing
		Housing and/or Utilities for Parent/Guardian
		Other Costs (Specify to Whom)
	To Whom	To Whom Date Paid

SUBSECTIONS 5a.-5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> EXIST BEFORE PARENTAL CONSENT CAN BE THE BASIS FOR AN ORDER OF GUARDIANSHIP BY THE COURT. T. C. A. § 36-1-111(o):

5.	a.	I/We	have physical	custody o	of this ch	ild; or

- b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been presented to the court at this time; or
- c. _____I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or
- d. _____Another person or agency currently has physical control of the child. I/We have presented to the court an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE ORDER OF CONFIRMATION AND ORDER OF GUARDIANSHIP IS ENTERED BY THE COURT. T. C. A. § 36-1-111 (m), (o):

- 6. Yes \(\subseteq \text{No} \subseteq \text{I/We} \) have presented to the court a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
- 7. Yes ☐ No ☐ I/We have attached the certificate of the completion of (__)legal/(__)social counseling if counseling was requested by the consenting parent. See Item #s 13 and 14 in Part I above. ☐ Not Applicable.
- 8. Yes \(\subseteq No \) If the child has been brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.

 \[\subseteq Not Applicable. \]
- Yes □ No □ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act. □Not Applicable.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

10.		☐ No ☐ a. If the child is to be repact or the Placement of Children.		e for adoption	on in another state, there has been compliance with the Interstate
	b.				
FUR	THE	R AFFIANT(S) SAITH NOT			
This	(day of, 20			
					Signature of Prospective Adoptive Mother
					Signature of Prospective Adoptive Father
Swoi	rn to a	and subscribed before me this	day of	, 20_	<u>_</u>
			Please Print:		
					ellor,Circuit Judge County,
				Tennessee	
			Signature:		Chancellor or Circuit Judge
*See Signi		es Below Before			Chancellor of Chean stage
<u>NOT</u>	TES T	TO THE COURT:			
1.	Plea	se see T. C. A. § 36-1-102(13), 36-	-1-111 and 36-1-117(g) for the use	of parental consents.
2.		eparate medical/social history form Order Of Confirmation. T. C. A. §		's parent(s).	and biological relative, must be completed under oath prior to entry or
3.		en applicable, as noted above, all rdianship and prior to entry of the			completed as directed <u>prior</u> to entry of the Order of Full or Partia 36-1-111(k), (m) and (o).
4.	(2). pros	Upon satisfactory completion of t pective adoptive parent(s), the cou	he above necessary red art may enter an order	quirements a of Full or P	thority with the prospective adoptive parent(s). T. C. A. § 36-1-111(r) and execution of Part B. in the Pre-Confirmation Form of Part I by the artial Guardianship for the Prospective Adoptive Parent(s). T. C. A. § cution of the Parental Consent. T. C. A. § 36-1-111(u).
5.	Prefe place	sent, the court shall, if the parenta erence for such home study to, and ing agency, a licensed clinical soci	al consent is to person shall order supervisional worker, or if the pro-	ns who are not the chilospective ac	to been conducted within six (6) months of the filing of the parental not related [T. C. A. § 36-1-102(39)] to the child, issue an Order of d in the home of the prospective adoptive parent(s) by a licensed child-loptive parent(s) are indigent under Federal Poverty Guidelines, by the eturned to the court within sixty (60) days. T.C.A. § 36-1-111(t).
<u>NOT</u>	TES T	TO THE CLERK:			
1.		ified copies of Parts I and II should es shall be certified on the page fol		t(s) executin	g the parental consent and to the prospective adoptive parent(s). These
2.	The	originals shall remain in the court	file.		
3.		ified copies of Part I, II and III sho hville, TN 37243-1290. Please pro			Tennessee Department of Children's Services, 436 6th Avenue Northing Parts II and III.
				PART I	ι

IN THE _____COURT FOR ____COUNTY

IN THE MATTER OF:)		
))		NO
ORDE	R OF CONFIRM	MATION OF	PARENT	AL CONSE	ENT
This matter came to be heard on the	day of		, 20	_, before the	e Honorable
	, Judge of the	·		,	
Court of	, County, Ter	nnessee upon	the adopti	on petition t	filed by
	(Prospective	Adoptive Pa	rent(s)) wh	nich contains	s a parental consent executed pursuant to T. C.
A. 36-1-117(g).					
The parent		_ (Name of	Parent Sigr	ning Petition	n) who signed the adoption petition for the
purpose of giving consent to the adoption of			(Name	of Child) ha	aving completed Part I of the Forms for
Confirmation of Parental Consent and the court bei	ng satisfied that	he/she freely	and volunt	tarily consen	ats to the adoption of
(Name	e of Child) by _				
(Name	(s) of Prospectiv	ve Adoptive	Parents),		
IT IS, THEREFORE, ORDERED THAT:					
1. The parental consent of			(Name of F	arent) in the	e Petition for Adoption filed in the above-styled
matter is confirmed by the court.					
2. The parental rights of			(Name of l	Parent Givir	ng Consent) are, pursuant to
T. C. A. § 36-1-111(r), hereby forever terminated.					
Enter this day of	, 20				
			CHANCE	ELLOR OR	HIDGE
	C	EDTIELCA!		LLOK OK	JODGE
	<u>C.</u>	<u>ERTIFICAT</u>	HON		
I,	County,	Tennessee, l	nereby cert	ify the foreg	going copies of Parts I and II of the Parental
		Clerk of tl	ne		Court of
					County, Tennessee.
					(Seal)
		D			
	CONTACT	PART III VETO RE		ION	

T.C.A. § 36-1-111(k)(3)

STATE OF ____COUNTY OF __

Being duly sworn	according to law	affiant would state:

1.	I an	m:	
	a.	Mother:	, c
	b.	Father:	
	c.	Legal Guardian:	of
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th Avenue North
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO INSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)	(Street/Rural	Route/P. O. Box)
(Town/City)	(State)	(Zip Code)
(Home Telephone No.)	(Work Telephone No.)	
Is this address an address the department ma Yes □ No □ If no, please share address to	•	rning your wishes regarding con
(Street/Rural Route/P. O. Box)	(Town/City)	(State)

h.

d. Are YES YES (Wo a. I wi acce b. The and excl by the whe c. I wis (1) (2) (3) (4)	o Code the the te st he te st like to like the st like st like to like st like	ephone n O	(Work T umbers the random may the ra	e adopted aled adoption you make us so that is from this a search r	he department phone number en number(s), i (Home To person and all ion records or person they cannot be a sutomatic corequest, will ha	may use to cons be shared with fany, that might elephone No.) I other classes opost adoption reveto automatic be contacted by verage so that the constant of the contacted by verage so that the constant of the contacted by verage so that the contacted by the contacted by verage so that the contacted by the contacted by verage so that the contacted by the contacted by verage so that the contacted by the contacted by verage so that the contacted by the	Town/City) Home Telephore stact you? h eligible perso ht be shared and of eligible perse ecord to have co ally applicable a person eligil they will have to	No . If no, please share the address to be used: (State) ne) ons requesting contact? d used to contact you. ons, who may, as may be permitted by law, to have the new order of the product of the time. [T.C.A.§ 36-1-130(a)(6)]. Please indicate the time. [T.C.A.§ 36-1-130(a)(6)].
d. Are YES YES (Wo a. I win access b. The and excl by the whee c. I win (1) (2) (3) (4)	o Code the te the te S N N N Te ork Te e filing the sp lude p the dep the dep the te My My	ephone n O . If O . If n ephone N veto cont he sealed g of a con ouses of restons in artment, ou wish to	(Work T umbers the random may the no, may the no, please lised.) act with the records, sea tact veto by those perso those classes pursuant to	Celephone numbers ti listed telest telephone e adopted alled adopti you mak ns so that s from thi a search r	he department phone number ne number(s), i (Home Toperson and all ion records or pes the contact they cannot be a automatic coequest, will ha	may use to cons be shared with fany, that might elephone No.) I other classes apost adoption reveto automatic be contacted by verage so that the contacted contacted by verage so that the contacted contacted by verage so that the contacted by the contacted by verage so that the contacted by the contacted by verage so that the contacted by the contacted by verage so that the contacted by the conta	Home Telephon tact you? h eligible perso nt be shared and of eligible perse ecord to have co ally applicable a person eligit they will have to	ons, who may, as may be permitted by law, to have the your siblings, lineal descendants, lineal ancestor ble to have the records opened. You may, however to register a contact veto themselves or, upon location
d. Are YES YES (Wo	e the te. S N N S N N S N N Ork Te ish to ess to t e filing the sp lude po the dep the dep the dep the dy My My	ephone n O	umbers the ino, may the no, please liston, please liston.) act with the records, sea tact veto by those person those classes pursuant to	numbers ti listed tele st telephor e adopted alled adopti you mak ns so that s from thi a search r	he department phone number ne number(s), i (Home Toperson and all ion records or pes the contact they cannot be a automatic coequest, will ha	may use to consist be shared with fany, that might elephone No.) I other classes apost adoption reveto automatic be contacted by verage so that the contacted contacted by verage so that the contacted contacted by verage so that the contacted by the contacted by verage so the contacted by the contacted by verage so that the contacted by the conta	of eligible person of eligible person of eligible person eligi	ons requesting contact? d used to contact you. ons, who may, as may be permitted by law, to have the post of the contact with me. to your siblings, lineal descendants, lineal ancestor ble to have the records opened. You may, however to register a contact veto themselves or, upon location
YES YES (Wo a. I wi acce b. The and excl by th whe c. I wi: (1) (2) (3) (4)	S N N N N N N N N N N N N N N N N N N N	ephone N ephone N of a continuouses of errsons in artment, ou wish to	no, may the no, please liston.) act with the records, sea tact veto by those person those classes pursuant to	e adopted adoption you make so that is from this a search r	phone number (s), i (Home Toperson and all ion records or pess the contact they cannot be a automatic coequest, will ha	s be shared with fany, that might elephone No.) I other classes post adoption reveto automatic be contacted by verage so that the state of the contacted by verage so that the contacted by the contacted by the contacted by verage so that the contacted by the cont	h eligible perso ht be shared and of eligible pers ecord to have co ally applicable a person eligit hey will have t	to your siblings, lineal descendants, lineal ancestor ble to have the records opened. You may, however to register a contact veto themselves or, upon location
a. I wi acce b. The and excl by the whe c. I wis (1) (2) (3) (4)	ish to ess to t e filing the sp lude po the dep ether ye ish to e My My	veto cont he sealed g of a con- couses of ersons in partment, bu wish to xclude fre	act with the records, sea tact veto by those perso those classes pursuant to	you mak ns so that s from thi	person and all ion records or p es the contact they cannot b s automatic co- equest, will ha	other classes of post adoption reveto automatic of contacted by verage so that t	ecord to have contained applicable a person eligithey will have to	to your siblings, lineal descendants, lineal ancestor ble to have the records opened. You may, however register a contact veto themselves or, upon location
b. The and excle by the whee c. I wis (1) (2) (3) (4)	ess to the efiling the splude potential the depether years ish to example.	he sealed g of a con ouses of ersons in eartment, ou wish to xclude fre	records, sea tact veto by those persor those classes pursuant to	you mak ns so that s from thi	es the contact they cannot b s automatic co- equest, will ha	veto automatic be contacted by verage so that t	ecord to have contained applicable a person eligithey will have to	to your siblings, lineal descendants, lineal ancestor ble to have the records opened. You may, however to register a contact veto themselves or, upon location
and excl by the whee c. I wis (1) (2) (3) (4)	the splude pethe depether years ish to early My	ouses of ersons in eartment, ou wish to	those person those classes pursuant to	ns so that s from this a search r	they cannot be automatic corequest, will ha	e contacted by verage so that t	a person eligit they will have t	ble to have the records opened. You may, however to register a contact veto themselves or, upon location
(1) (2) (3) (4)	My My			-	persons.			
(2) (3) (4)	My	siblings:	om the autor		tact veto the fo	llowing:		
(4)	My	ineal des	cendants:		No 🗖			
Please	The	ineal and		Yes□	No □			
Please	(a)	siblings			No □			
Please	(b) (c)	lineal de	escendants acestors		No □ No □			
	e comp	lete the f	ollowing for	any knov	vn individuals:			
			S	•		onship To		Address
		Nar	ne			ring Person	Stre	et. RR, P. O. Box, Town, State, Zip
(1) (2) (3) (4)	Any A cu Futu Any	rrent sporre spouse of my lin	olings of the use of mine eal descend	adopted p Yes □ Yes □ ants	No □ Name No □ Yes □ N	Yes No of current spoons	J. use	
Please	e comp	lete the f	ollowing for	any knov	vn individuals:			
		Nar	ne			onship To ring Person	Stre	Address et. RR, P. O. Box, Town, State, Zip
		1141			Burrender	ing reison		et. rite, 1 . O. Box, Town, State, Exp
							1	

9.		ive consent for the child I am surrendering v, to have access to the sealed records, sealed			
	b. I w	rish to limit consent to certain persons and	only give consent for c	contact with the following classes o	f people:
	(1) (2) (3) (4) (5)	The adopted person's adoptive parents The adopted person's adoptive siblings The adopted person's lineal descendants	Yes □ No □ Yes □ No □	o.	
	c. If c	contact is limited to the legal representative	of certain classes of pe	rsons, please describe:	
10.	qualifica Telephor Letters	e following types of contact by those perso tions to these methods of contact) ne contact, unannounced contact, unannounced			y and indicate any limitations or
	Personal Personal	contact, prearranged with me , either via contact through another person. Please give	n phone □ or corresponder name, relationship to	ndence o you, if any, and information to be	
11.	Other inf	formation I wish to have released about me			
12.		you wish no contact with any other eligible please share that information here:	persons but wish to sha	a statement of your feelings, or	circumstances which impact your
13.	I hereby services.	request that this information be filed with t	he Contact Veto Regist	ry at the Post Adoption Services U	nit of the Department of Children's
FUR	THER AI	FFIANT SAITH NOT.			
This	the	_ day of, 20			
Sign	ature:	Biological Legal Mother Biological Legal Father			
Swo	rn to and s	subscribed to before me this day	of	, 20	
Му	commissio	on expires		Notary Public	
		Please Print:	Chancellor of	Circuit Judge	
		Signature	Chancellor or Circui	t Judge	

			CERTIFICA	ATION		
		, Clerk o	f the	Cour	t of	County,
Ten Cou		e, certify the foregoing copy of Part III of the Pare	ental Consent Form	s to be a true and accu	urate copy of the document	executed before this
			Clerk of	`the	Court ofCounty, Tennessee	
					(Seal)	
			PART	IV		
		REVOCATION	N OF PARENTAL	CONSENT BY A I	PARENT	
		OF TENNESSEE Y OF				
		y sworn according to law affiant would state:				
1.	I an a.	n: Mother:		, or		
	b.	Father:		, of		
2.	a.	Child's Name:				
	b.	Child's Date of Birth:				
	c. d.	Child's Place of Birth:				
	e.	Child's Sex:Child's Race:				
3.	On	(Date), I execut	=	=		
		Prospective	Adoptive Parent(s)			
4.		petition for adoption containing the parental corCounty		ne	Court for	
5.	I he	reby revoke and void the parental consent to the a	adoption of the abov	e-named child.		
FU	RTHE	ER AFFIANT SAITH NOT.				
Thi	s the	day of, 20				
Sig.	iature				_	
Swe	orn to	and subscribed before me this day of	, 20			
	This	s Revocation of Parental Consent was received b	y me on the	day of	, 20	
		Please Print:		C' '. T 1		
		-	Chancellor of	Circuit Judge Cou	inty, Tennessee	

NOTES TO COURT:

 $1. \quad \text{The revocation must be executed before the entry of the Order of Confirmation. T.C.A. } 36-1-112(a)(2).$

Signature (See notes below):

Chancellor or Circuit Judge

- 2. The court receiving the revocation shall maintain the originals in the office of the clerk where the adoption petition is filed together with the original of the adoption petition containing the parental consent and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) and to the prospective adoptive parents to whom the parental consent was given. See, T.C.A. § 36-1-112(c)(1).
- 3. A certified copy of the revocation shall be attached to a certified copy of the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

Please provide the certification on the page following this Revocation form.

CERTIFICATION

I,	, Clerk of the	Court of	
County, Tennessee, certify th	ne foregoing copy of the Revocation of Parental		
Consent executed before this	Court.	• •	
	Clerk o	of the Court	of
		County, Tenness	ee
		(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.12 CERTIFICATION OF SOCIAL COUNSELING FORM.

- (1) The following form is used for certification of the completion of any social counseling requested pursuant to T.C.A. §36-1-111(k)(2)(E) by the person who is surrendering the child for adoption, or who is executing a parental consent to unrelated persons, and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon any surrender, or parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

CERTIFICATION OF COMPLETION OF SOCIAL COUNSELING RELATED TO ADOPTION PLACEMENT DECISION BY PARENT(S) TENNESSEE CODE ANNOTATED, \S 36-1-111(l)(1)

If the person surrendering the child(ren) for adoption has requested that the prospective adoptive parent(s) provide social counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the person who provided such counseling before the surrender is executed. See, T.C.A. § 36-1-111(*l*)(1). NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

STATE OF TENNESSEE OR (
COUNTY OF	

1. I am	Beir	ng duly sworn according to law, affiant would state:
the social issues surrounding the decision by this person to place (Name(s) of the child(ren) for adoption. This is to certify that during the course of social counseling the following issues have been addressed with (Name of Birth/Legal Mother) (Name of Birth/Legal Father)	1.	I am, (Name of Person Providing Social Counseling).
(Name(s) of the child(ren) for adoption. This is to certify that during the course of social counseling the following issues have been addressed with (Name of Birth/Legal Mother) (Name of Birth/Legal Father)	2.	I was employed by,
(Name of Birth/Legal Mother) (Name of Birth/Legal Father)		(Name(s) of the child(ren)
(Name of Birth/Legal Father)		This is to certify that during the course of social counseling the following issues have been addressed with
		(Name of Birth/Legal Mother)
(Legal Guardian)		(Name of Birth/Legal Father)
		(Legal Guardian)
who is before the Court (), Warden (), Officer () to surrender the child		who is before the Court (), Warden (), Officer () to surrender the child
for the purpose of adoption. (Name of Child)		

Options/Decisions	Yes	No
To parent the child		
To place the child for the purpose of adoption		
Consequences of Decisions		
Exploration of Support Systems		
Family		
Friends		
Financial		
Employment/Education		
Child Support		
Public Assistance		
Birth Father/Mother Other (Identify)		
Grief/Loss Issues Related to Options for:		
Self		
Child		
Present Issues		
Future Issues		
Referral for further counseling		
Exploring Parenting Option		
Concept of Parenting		
Single Parenting		
Marriage Issues		
Present		
Future		
Financial/Employment/Child Support		
Medical Insurance		
Housing		
Education plan for self		
Child care		
Future life goals/plans		
Needs of the child		
Basic (food, clothing, housing)		
Special needs		
Physical safety		
Emotional Development		
Exploring Adoptive Placement		
Agency placement (DHS & private)		
Independent placement		

Plan of birth/legal mother or father	
Identification/information about birth parent, custodial	
person/guardian	
Background information	
Termination of parental rights	
Voluntary/involuntary	
Revocation of surrender	
Involvement in adoption process	
Selection of family	
Openness	
Meeting adoptive family	
Continued contact	
Direct placement/foster care placement	
Adoptive family preparation	
Agency selection of family	
Oral/physical presentation of child	
Pre-placement activity process	
Placement/post-placement services	
Finalization/court process	
Post legal adoption services	
Access of adoption records	
Contact veto registry	

SUMMARY OF COUNSELOR'S ASSESSMENT/RECOMMENDATION

(If report is a separate document, please write "See attached" and attach report with this certification.)

This the day of, 20	
FURTHER, AFFIANT SAITH NOT.	
	Please Print:
	Person Providing Social Counseling to Surrendering Person
	Title:
Name of Agency, if Appropriate: Address:	
Signature:	
Sworn to and subscribed before me this day of	, 20
My Commission Expires:	NOTARY PUBLIC
	S STATEMENT rith me. As a result of the issues addressed during this process and in what I believe to be the T. I. T.
(Birth/Legal Father), or(Legal C	Guardian) have made the
following plan for my child/ward. (Please Describe Your	Decision/Plan):
Please Print:	
(Name	e of Parent/Legal Guardian)
Signature of Parent/Legal Guardian:	

(Rule	0250-7-1312,	continued)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111(k)(1)(1)(m) and (o), 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.13 CERTIFICATION OF LEGAL COUNSELING.

- (1) The following form is used for certification of the completion of any legal counseling requested pursuant to T.C.A. §36-1-111(k)(2)(F) by the person who is surrendering the child for adoption or who is executing a parental consent to unrelated persons and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon a surrender or a parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

CERTIFICATION OF COMPLETION OF LEGAL COUNSELING RELATED TO ADOPTION PLACEMENT DECISION BY PARENT(S) TENNESSEE CODE ANNOTATED, § 36-1-111(l)(2) and (o)

If the person surrendering the child(ren) for adoption, or executing a parental consent to unrelated persons, has requested that the prospective adoptive parent(s) provide legal counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the attorney who provided such counseling before the surrender is executed or before an Order of Guardianship is entered based upon a surrender or parental consent. See, T.C.A. § 36-1-111(l)(2) and (o). NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

	ATE OF TENNESSEE OR () UNTY OF
	Being duly sworn according to law, affiant would state:
1.	I am, (Name of attorney providing legal counseling to surrendering person). I am licensed to practice law in the State of Tennessee (or such other State or Country as may be applicable. Please specify.)
	My Board of Professional Responsibility Number (or other licensing registration number) is
2.	I was employed by, (Name of person(s) employing attorney to provide legal counseling to surrendering person) to provide legal advice to (Name of person to whom legal advice was rendered) regarding the legal issues surrounding the decision by this person to place (Name(s) of the child(ren) for adoption.
3.	I certify that I have completed an explanation of any questions posed by
Thi	s the day of, 20
FU.	RTHER AFFIANT SAITH NOT.
	Please Print: Attorney Providing Legal Counsel to Surrendering Person
	Address:
	Signature:
Sw	orn to and subscribed before me this day of
	NOTARY PUBLIC
Mv	Commission Expires:

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111(k),(1)(2)(m) and (o), 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.14 PAYMENT DISCLOSURE FORM.

- (1) The following form contains information required by T.C.A. §36-1-116(b)(16) to be filed by the prospective adoptive parents with the adoption petition concerning payments made to birth parents and other persons related to the birth of the child, fees paid to child-placing agencies, to attorneys, for counseling for the parents, and for any other fees and expenses in relation to the child's placement with them, and may be filed as an exhibit to the petition.
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

PAYMENT DISCLOSURE FORM FOR USE IN PETITION FOR ADOPTION TENNESSEE CODE ANNOTATED, § 36-1-116(b)(16)

This form must be filed with the adoption petition. See, T.C.A. § 36-1-116(b)(16).

~			NNESSEE
Bei	ng dul	y swor	n according to law, affiant(s) would state:
1.	_		re (Name of Prospective Adoptive Mother) and (Name of Prospective Adoptive Father), the petitioner(s) seeking the adoption of (Name of Child) pursuant to a petition for adoption filed in the Court for, County, Tennessee.
2.		ı, place	paid or promised to pay the following money, fees, contributions, or other remuneration or thing of value in the connection with the ement, or adoption of this child (Attach additional sheets as necessary): ical or hospital expenses of birth mother and child.(Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
	b.		r birth related expenses (Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:

c.		enses paid to or on behalf of the child's parent(s) including, but not limited to, housing, food, maternity clothing, child's clothing, ies, transportation (Attach Additional Sheets If Necessary):
	(1)	Entities or Persons who received payments, contributions, fees, or other things of value;
	(2) (3)	The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
d.	Fees	or payments paid to any attorney at law and other costs of legal proceedings in connection with the birth, placement, or litigation for
		doption of this child (Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value;
	(2)	The specific amount of payments, contributions, fees, or value of things given; and,
	(3)	The specific purpose of payments, contributions, fees, or other things of value:
e.		nseling paid for on behalf of the birth or prospective adoptive parent(s) or child (Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value;
	(1) (2)	The specific amount of payments, contributions, fees, or value of things given; and,
	(3)	The specific purpose of payments, contributions, fees, or other things of value:
f.	Fees	or payments paid to any licensed child-placing agency or licensed clinical social worker (Attach Additional Sheets If Necessary):
	(1) (2)	Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and,
	(3)	The specific purpose of payments, contributions, fees, or other things of value:
g.		other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or adoption of this
		, given or paid, to the child's parent(s) or family member(s) (Attach Additional Sheets If Necessary):
	(1)	Entities or Persons who received payments, contributions, fees, or other things of value;
	(2) (3)	The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
RTHE	ER AFF	FIANT(S) SAITH NOT.
is the .	day	v of, 20
		Please Print:
		Prospective Adoptive Mother

			Signature:		
			Please Print:		
				pective Adoptive Father	
			Signature:		
Swo	orn to and s	subscribed before me this day of	, 20		
				NOTARY PUBLIC	<u></u>
My	Commissio	on Expires:			
Exe No	ecutive C vember 2	T.C.A. §§ 4-5-201, et seq., 30 Order #6, January 12, 1996. Ad 21, 2001.	lministrative H	listory: Original rule filed	September 7, 2001; effective
020					, ,
	(1)	The following form is used to to his or her adoption as requi			een (14) years of age or older
	(2)	This information shall be confiseq.	fidential and sh	all only be disclosed as prov	rided by T.CA. § 36-1-101 et
	(3)	Form:			
			AGE OR	WHO IS FOURTEEN (14) YEAR OLDER NOTATED, § 36-1-117(i)	RS OF
		ENNESSEE			
Beir	ng duly swo	orn according to law, affiant would state:			
1.	I am Petition,	Fourteen (14) years of age or older), Born	Use the	Name of Minor Child Prior to a(Date Of Birth).	ny Name Change Requested in the
2.	I und	derstand that, (Name	e of Prospective Ad	_, (Name of Prospectiv optive Father) have filed a Petition t	e Adoptive Mother), and o Adopt me.
3.	I unders	stand that if the Court enters an or	der of adoption	based upon the Petition, that I	will become the legal child of
	of Prospe (him/her)	, (Name of ective Adoptive Father), and that they will .	Prospective Adopt become my parent	ive Mother), and	, (Name sif I had originally been born to them
4.		and that, while I remain under eighteen (I	18) years of age, my	y adoptive parent(s) will have the rig	ght to determine if I should contact or
5.	property will not in	and that I will have the right to inherit pro from me or my descendants but only for nherit property from my birth family, nor a parent whose rights were not terminated by	property I acquire a will they inherit pro	fter the adoption order is entered. A perty from me after the order of ado	fter the order of adoption is entered, l

`		, 13 .13, commuca)			
6.	Prospect	has pressured me to agree ive Adoptive Mother), and the adoption to take place.	to this adoptio	n, and I believe that my adoption by, (Name of Prospective	Adoptive Father), is in my best interests. I
7.	I freely a	nd voluntarily, without press	sure from anyon	e, consent to this adoption.	
This	the d	ay of, 20	_		
FUF	THER AI	FFIANT SAITH NOT			
			Please Print	:Name of Minor Child	_
				Name of Minor Child	
			Signature:		_
Swo	rn to and s	subscribed before me this	_ day of	, 20	
			Please Print	:	-
				Chancellor Circuit Judge of the Court for	_
				County, Tennessee.	
			Signature:		_
*Sec	Note Belo	ow			
NO	ГЕ ТО ТН	E COURT:			
				esent the child before this Consent is received,	
rece 117		e Court. The consent shall be	filed with the re	ecord of this case. The consent must be recited	in the order of adoption T.C.A. § 36-1-
Ora 21,	der #6, J 2001.	lanuary 12, 1996. Ad	ministrative	117(i), 36-1-125, 36-1-141, Public (History: Original rule filed Septer	nber 7, 2001; effective November
				ORM FOR USE BY GUARDIAN D WHO IS MENTALLY DISABI	
	(1)	_		obtain the consent of a guardian ad ge or older for the adoption of that	•
	(2)	This information shape.	all be confid	lential and shall only be disclosed a	s provided by T.CA. § 36-1-101 et
	(3)	Form:			
			BLED MINO	DIAN AD LITEM TO ADOPTION OF ME R WHO IS FOURTEEN (14) YEARS OR (SEE CODE ANNOTATED, § 36-1-117(i)	
		ENNESSEE			
Beir	ng duly sw	orn according to law, affiant	would state:		
1.	I am,		, Gu	ardian Ad Litem for the minor child,	,
	who is fo	ourteen (14) years of age or o	older and is men	tally disabled.	

2.	I have be			of this child in the petition for his/her adoption	
	(Name of	f Prospective Adoptive Father).	, (Name of Pro	ospective Adoptive Mother), and	······································
3.		vestigated the circumstances of the provide the circumstances of the provide the doption of this		nd have attached hereto my written report givi oners.	ng the basis for my decision to
4.		on my investigation and report, I \square given the petitioners.	ive consent/□ with	nhold consent to the adoption of	, (Name of
Thi	s the d	ay of, 20			
FUI	RTHER AI	FFIANT SAITH NOT.			
			Please Print:	(Name of Guardian Ad Litem)	
			Address:	(Name of Guardian Ad Litem)	
			Signature:		
Swo	orn to and s	subscribed before me this the day	of	, 20	
			N	IOTARY PUBLIC	
My	Commissi	on Expires:			
Ori 21, 02 !	der #6, 5 2001. 50-7-13-	January 12, 1996. Administr	rative History:	-1-125, 36-1-141, Public Chapter 3 Original rule filed September 7, OR USE BY GUARDIAN AD LA ADOPTED AND WHO IS MENT	2001; effective November
	(1)			consent of a guardian ad litem or as required by T.C.A § 36-1-117(j)	
	(2)	This information shall be c seq.	onfidential an	d shall only be disclosed as provide	ed by T.CA. § 36-1-101 et
	(3)	Form:			
		TO AD	OPTION OF MI	ITEM, GUARDIAN OR CONSERVATOI ENTALLY DISABLED ADULT ANNOTATED, § 36-1-117(j)	R
		ENNESSEE			
CO		ring duly sworn according to law, affiai	at would state.		
1.	I am,		, Guardian Ad I , an adult wh	Litem, Guardian or Conservator for, to is mentally disabled.	
2.				represent the best interests of this disabled advance of Prospective Adoptive Mother), and we Adoptive Father).	ult in the petition for his/her
		, (N	ame of Prospectiv	ve Auoptive Fatner).	

		Ad Litem only) I have investigated the ci ny decision to give or withhold consent to			on, and have attached hereto my written report giving the by the petitioners.	
	(Guardian Ad Litem only) Based upon my investigation and report, I give consent/ withhold consent to the adoption of				, (Name of Disabled Adult) by the petitioners.	
5.	As Guardian or Conservator, I 🗖 give consent/ withhold consent to the adoption of, (Name of Disabled Adult) by the petitioners.					
This th	he da	y of, 20				
FURT	HER AF	FIANT SAITH NOT.				
			Please Prin	nt:(Name of C		
				(Name of C Guardian or Conserva		
			Address:		,	
			Signature:			
Sworn	to and su	ubscribed before me this the day of		, 20		
				NOTARY PUBLIC		
		Б		1,0111111100010		
Му С	ommissio	n Expires:				
21, 2 0250		18 FEE DISCLOSURE F	-		iled September 7, 2001; effective November OR LICENSED CLINICAL SOCIAL	
	(1)	worker to disclose, as required	by T.C.	A. § 36-1-120(b),	placing agency or a licensed clinical social the fees charged to the prospective adoptive option prior to the entry of the order by the	
	(2)	This information shall be confiseq.	dential a	nd shall only be d	isclosed as provided by T.CA. § 36-1-101 et	
	(3)	Form:				
		WORK	ER FEE D	GENCY OR LICENS DISCLOSURE STATI E ANNOTATED, § 30		
of the	order by	nust be filed by the licensed child-placing a the Court. -1-120(b).	gency or the	e licensed clinical socia	l worker with the proposed adoption order prior to entry	
	E OF TH	ENNESSEE				
Being	duly swo	rn according to law, affiant would state:				

1.	I am	, an authorized representative of (Name of Licensed Child-Placing Agency) [or]
	(Nai	, an authorized representative of, (Name of Licensed Child-Placing Agency) [or], me of Licensed Clinical Social Worker).
2.		agency [or I] has [have] chargednes of Prospective Adoptive Parent(s) the following fees or other charges involving the placement of the child (ren):
	a. b.	(Names of Child (ren) State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):
3.		agency [or I] has [have] chargednes of Prospective Adoptive Parent(s) the following fees or other charges involving home studies of the prospective adoptive parent(s): State first the service(s) rendered in conducting home studies of the petitioner(s) immediately followed by The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):
4.	(Naı	agency [or I] has [have] charged
Γhi	s the _	_ day of, 20
		R AFFIANT SAITH NOT.
		Please Print: Authorized Representative of Licensed Child-Placing Agency/ or Licensed Clinical Social Worker
		Address:
		Signature:
Swo	orn to	and subscribed before me this day of, 20
		NOTARY PUBLIC
Μv	Comr	nission Expires:

Authority: T.C.A. §§4-5-201, et seq., 36-1-120(b), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.19 FEE DISCLOSURE FORM FOR ATTORNEY.

- (1) The following form is used to by an attorney to disclose, as required by T.C.A. § 36-1-120(b), the fees charged to the prospective adoptive parents, and must be filed with the proposed order of adoption prior the entry of the order by the Court.
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

ATTORNEY FEE DISCLOSURE AFFIDAVIT TENNESSEE CODE ANNOTATED, § 36-1-120(b)

This affidavit must be filed by the attorney representing the petitioners with the proposed adoption order prior to entry of the order by the Court. See, T.C.A. § 36-1-120(b).

Bei	ng duly sworn according to law, affiant would state:
1.	I am, attorney for petitioners (Names of Prospective Adoptive Parents) in the adoption proceeding styled: which is filed in the Court for, County, Tennessee in which they (he/she) have sought to adoptive Parents).
	Child (ren), and in which the Court has ordered the entry of an order of adoption pursuant to that petition.
2.	The following are fees charged by me or persons who are employed, contracted by, or associated with me for services rendered for the placement of the child (ren) with the Petitioner(s). (Attach additional sheets if necessary): a. State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by b. The specific fees charged petitioner(s) for each service:
3.	The following are fees charged by me or persons who are employed, contracted by, or associated with, me for <u>legal services</u> rendered to Petitioner(s)in the adoption proceedings involving the child (ren): (Attach additional sheets if necessary): a. State first the legal service(s) rendered in the proceedings for the adoption of the child(ren) by the petitioner(s) immediately followed by b. The specific fees charged petitioner(s) for each service:
3.	Petitioner(s) in the adoption proceedings involving the child (ren): (Attach additional sheets if necessary): a. State first the legal service(s) rendered in the proceedings for the adoption of the child(ren) by the petitioner(s) immediately followed by b. The specific fees charged petitioner(s) for each service: The following are fees paid by me or persons who are employed, contracted by, or associated with, me to any other person or entity for service rendered in securing the placement of the child(ren) with the petitioners or for securing any services related to securing any home studies or
	Petitioner(s)in the adoption proceedings involving the child (ren): (Attach additional sheets if necessary): a. State first the legal service(s) rendered in the proceedings for the adoption of the child(ren) by the petitioner(s) immediately followed by The specific fees charged petitioner(s) for each service: The following are fees paid by me or persons who are employed, contracted by, or associated with, me to any other person or entity for service.

(Ru	le 0250-	7-1319, continued)
	-	of
FUK	THEK AI	Please Print: Attorney for Petitioner(s) Address: Signature:
Swor	n to and s	bscribed before me this day of, 20
		NOTARY PUBLIC
МуС	Commissio	Expires:
<i>Ord</i> 21, 2	er #6, J 2001.	T.C.A. §§4-5-201, et seq., 36-1-120(b), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive inuary 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 10 RELEASE OF INFORMATION FORM FOR UPDATED MEDICAL INFORMATION.
	(1)	The following form is used when a request for medical information is made by an adopted person or by a biological or legal relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed health care facility of a medically established need for additional or updated medical information pursuant to T.C.A. § 36-1-135, and the Department of Children's Services in these matters, is contacting the persons who have access or who may have access to those records.
	(2)	This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
	(3)	Form: RELEASE OF INFORMATION FOR UPDATED MEDICAL INFORMATION TENNESSEE CODE ANNOTATED, § 36-1-135(c)
relati healtl relati	ve or the l n care faci	Information should be used when a request for medical information has been made by an adopted person or by a biological or legal gal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed ty of a medically established need for additional or updated medical information about an adopted person, or their biological or legal Department of Children's Services is contacting the persons who have access to or have or may have knowledge of such information. 1-135.
		, (Name of Person Executing the Release) have been told by the Tennessee Department of Children's person eligible to request updated medical, psychological, or psychiatric information has requested additional or updated medical, repsychiatric information to which I may have access or of which I may have knowledge.
I und	erstand tha	if I have authority to release such information, that such release is entirely voluntary on my part.
1.	informati	lease the following specific information to the Tennessee Department of Children's Services and its authorized agents to provide such about me to the treating professionals or health care facilities for the purpose of assisting with the medical, psychological, or care of the requesting party (Attach Additional Sheets if Necessary):

(Rule 0250-7-13-.20, continued) Names and addresses of Treating Professionals or Health Care Facilities from Whom the Information May Be Released Pursuant to My Approval (Attach Additional Names if Necessary): c. e. Other than the specific information given above, I wish to share other medical information about me and/or other relatives: (If information is given about other relatives, please specify their relationship to you.) This Release Shall Expire in four (4) months from date of my signature unless otherwise stated here ______. Thereafter a new release must be executed for further release of additional or updated medical information. This the ____ day of ______, 20____ Name of Person Signing Release Signature: ___ Authority: T.C.A. §§4-5-201, et seq., 36-1-135, 36-1-125 and, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. 0250-7-13-.21 CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD The following form is to be used by a licensed child-placing agency, the Tennessee Department of (1) Children's Services or an agency such as another state or federal agency to give consent to the adoption of a child by the prospective adoptive parent(s) to the extent that the agency or Department has either full or partial guardianship based upon a surrender, or other relinquishment of parental rights, or by a termination of those rights by involuntary court action. (2) Form: CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD T.C.A. §§ 36-1-116(b)(11) and 117 (h) STATE OF COUNTY OF First being duly sworn according to law, affiant would state: _____, Executive Head of_

D.O.B._____.

Department of Children's Services; or an authorized representative of _____

federal agency with the right to place the child for adoption___

_ (A licensed child-placing agency); or an authorized representative of the Tennessee

, (Legal Name of Child)

2.	My agency or department holdsfull or partial guardianship of the child by a surrender or relinquishment of rights by one or both parents or guardians of the child, or by termination of the parental or guardianship rights of one or both parents or guardians.					
3.	I am authorized by my agency to give consent to the adoption of this child by:					
	Prospective Adoptive Mother					
	Prospective A	doptive Father				
4.	On behalf of my agency, and to the extent of my agency's full or partial guardianship of: (Child's Name), I give consent to the adoption of this child by the above prospective adoptive parent(s).					
This	day of, 20					
FUF	THER AFFIANT SAITH NOT.					
	Print Name:	Name of Person Authorized to Give Consent				
		Title				
	Signature:					
Swo	rn to and subscribed before me this day of	, 20				
		NOTARY PUBLIC				
My	Commission Expires:					
4	d	16(1)(11) 26 1 117(1) 26 1 141 P 11; Cl. (522 (1005)				

Authority: T.C.A. §§4-5-201, et seq., 36-1-116(b)(11), 36-1-117(h), 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.